

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

11686

791

2003

File No. _____
Registered No. 2911
St. _____ Ward _____

1. PLACE OF DEATH

County _____
Township _____
City St. Louis (No. 2928-18th)

Registration District No. _____
Primary Registration District No. _____

2. FULL NAME

Johny Niedert
(a) Residence, No. 2928 S 18th St. 24 Ward.
(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. COLOR OR RACE White | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Married
(write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Allie Niedert

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 20 - 1877

7. AGE YEARS MONTHS DAYS | IF LESS than 1 day, hrs. or min.
51 | 3 | 12 | _____

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Night Watchman
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Farmington
(STATE OR COUNTRY) _____

PARENTS
10. NAME OF FATHER Benny Niedert
11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____
(STATE OR COUNTRY) Missouri
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
(STATE OR COUNTRY) Missouri

14. INFORMANT Philip Niedert
(Address) 2928 S 18th St

15. FILED W. C. Starck
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 4 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1931, to Mar 3, 1931.
that I last saw h. alive on Mar - 3, 1931, and that death occurred, on the date stated above, at 4 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral thrombosis
79 A
6 2 12
(duration) yrs. mos. ds.

CONTRIBUTORY Valvular heart disease
(SECONDARY)
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 72 W
IF NOT AT PLACE OF DEATH _____

19. DID AN OPERATION PRECEDE DEATH? no DATE OF _____
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Usual
(Signed) Chrommiller M. D.
3/4/31, 19 (Address) 1035 Munson Bldg

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Doer Run Mo | DATE OF BURIAL Mar 7 1931

20. UNDERTAKER Wacker-Helderte | ADDRESS 2331 S Blum

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

