

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

Do not use this space.

26729

1. PLACE OF DEATH

County St. Louis
Township St. Louis
City St. Louis

Registration District No. 791
Primary Registration District No. 1003
(No. City Hospital #1)

File No. _____
Registered No. 7920
St. _____ Ward _____

2. FULL NAME

Henry V. Niehaus
(a) Residence. No. 3911A Botanical St., 17 Ward.

(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 (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Lena M. Niehaus

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 19 1882

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
48 11 28

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Drug Clerk
(b) General nature of industry, business, or establishment in which employed (or employer) Wm R. Kern Co
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Quincy, Ill
(STATE OR COUNTRY)

10. NAME OF FATHER Barney Niehaus

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Sophie Vandeborn

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

14. INFORMANT Mrs Lena M. Niehaus
(Address) 3911A Botanical Ave

15. FILED LL 27 1931 Max C. Starker REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. No Physician Attended
I HEREBY CERTIFY, That I attended deceased from _____ 19____, to _____ 19____, and that I last saw him _____ alive on _____ 19____, and that death occurred, on the date stated above, at _____ 8:30 A.M. _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Gunshot wound of Head self-inflicted at 2246 S. 39th St., St. Louis 167

(duration) yrs. mos. ds.
CONTRIBUTORY Suicide
(SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? 167
IF NOT AT PLACE OF DEATH

8 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) J. W. Kern M.D.
7/17/31 (Address) 159 E. Coronado

*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 Frederick DATE OF BURIAL July 18 1931

20. UNDERTAKER Max Hermann & Son ADDRESS 2161 E. Shaw Ave

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.

