

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

Do not use this space.

5944

**1. PLACE OF DEATH**

96 County St. Louis Registration District No. 785  
Township Bonhome Primary Registration District No. 6031  
City Sumner (No. 4940) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 28

**2. FULL NAME**

August Robert Niehaus  
(a) Residence, No. \_\_\_\_\_ St., \_\_\_\_\_ 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 26 1880

7. AGE YEARS 51 MONTHS 7 DAYS 28 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm work

10. Date deceased last worked at this occupation, month and year 3 yrs ago 11. Total time (years) spent in this occupation 20 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Creve Coeur, Mo.

13. NAME Henry Niehaus

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Creve Coeur, Mo.

15. MAIDEN NAME Josephine Bruno

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Chas. Mo.

17. INFORMANT George Niehaus  
(ADDRESS) Creve Coeur, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Crem. St. Pauls DATE Feb 27 1932

19. UNDERTAKER Bonhomme Brothers and Co  
(ADDRESS) 2524 Woodson Bl. Sumner, Mo.

20. FILED 2/26 1932 C. Bonhomme  
Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/24, 1932

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 7:30 a. m.

The principal cause of death and related causes of importance were as follows:

Suicide by hanging, from rope in barn loft. Date of onset 2/24/32

Other contributory causes of importance: None

Name of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis Physical signs No. \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide Suicide Date of injury 2/24, 1932

Where did injury occur? Gumbo, Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. In barn loft on brother's farm.

Manner of injury Suicide by hanging  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No.  
If so, specify \_\_\_\_\_

(Signed) John O'Connell M. D.  
Coroner of St. Louis County

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

MAR 25 1932

