

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

Do not use this space.

13826

1. PLACE OF DEATH

County St. Louis Registration District No. 790
Township Central Primary Registration District No. 60.3.3
City Clayton (No. 801 De Mun) St. _____ Ward _____

2. FULL NAME

Josephine Niederstadt
(a) Residence, No. 801 De Mun St. _____ Ward _____
(Usual place of abode)
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 2 1860
7. AGE YEARS 71 MONTHS 6 DAYS 2 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wittenberg Mo.
13. NAME Mrs. Niederstadt
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
15. MAIDEN NAME Molly Laukner
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) R. Beitzel 801 De Mun
18. BURIAL, CREMATION, OR REMOVAL PLACE Cremation DATE April 7 1932

19. UNDERTAKER (ADDRESS) Niederstadt Funeral Home 1936 St. Louis Ave
20. FILED Apr. 6 1932 K. W. Sullivan Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 5 1932
22. I HEREBY CERTIFY, That I attended deceased from Apr 5 1932 to April 5 1932
I last saw him alive on Apr 5 1932 Death is said to have occurred on the date stated above, at 3:30 P.M.
The principal cause of death and related causes of importance were as follows:

Paralysis agitans
Quadruplegia
117 B
97 B
Other contributory causes of importance:
711 B Secondary carcinoma

Name of operation _____ Date of _____
What test confirmed diagnosis _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) L. Kaufman M. D.
(Address) 213 Bannockburn Ave

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.

APR 29 1932

96
22
7

