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

Do not use this space.
21446

1. PLACE OF DEATH

County..... Registration District No. 1918 File No.....

Township..... Primary Registration District No. ..... Registered No. 6011

City St. Louis Missouri (No. St. Louis Children's Hosp. 500 So. Kingshighway St. ..... Ward)

2. FULL NAME Richard Niedringhaus

(a) Residence, No. 3725 Aldine St., 6 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-20-32

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	3	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child 11920

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 8991

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) Cassiville Missouri

FATHER

13. NAME William Niedringhaus

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Grove Sauna Missouri

MOTHER

15. MAIDEN NAME Martha Woolsey

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. James Missouri

17. INFORMANT (ADDRESS) M. Luth 500 So. Kingshighway

18. BURIAL, CREMATION, OR REMOVAL PLACE Hauragary DATE 6-30 1932

19. UNDERTAKER (ADDRESS) Bourgeois Brosmuda 2504 Woodson Overland

20. FILED JUN 28 1932 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-28, 1932

22. I HEREBY CERTIFY, That I attended deceased from 6-27, 1932, to 6-28, 1932

I last saw him alive on 6-28, 1932. Death is said to have occurred on the date stated above, at 3:25 a.m.

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

	Date of onset
Diarrhea ~~acute~~ ~~(non-tuberculous)~~ and Enteritis (non-tuberculous)	6/25/32
Other contributory causes of importance: Otitis Media	6/24/32

110

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

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) Lawrence Goldman, M. D.

(Address) St. Louis Children's Hosp.

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.

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