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.

NOV 10 1933

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

Do not use this space.

35096

1. PLACE OF DEATH

County ..... Registration District No. 791 1003 ..... File No. .....

Township ..... Primary Registration District No. ..... Registered No. 9310

City St. Louis Mo. (No. ....., Sanitarium ..... St. ..... Ward)

2. FULL NAME Henry Neitzert

(a) Residence, No. 2305a So. Jefferson Av. 23 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 74 yrs. 2 mos. 26 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: Anna Neitzert

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug. 2, 1859

7. AGE: YEARS 74 | MONTHS 2 | DAYS 25 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown
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) unknown
11. Total time (years) spent in this occupation unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis Missouri

FATHER

13. NAME: John Neitzert
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Germany

MOTHER

15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): " Germany

17. INFORMANT (ADDRESS): W. F. McNamee M.D. 5400 Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sunset Burial Pk. DATE Oct. 30 - 1933

19. UNDERTAKER (ADDRESS): Ziegenheim Bros. 2623 Cherokee St.

20. FILED OCT 29 1933 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 27th, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 17th, 1933, to Oct 27th, 1933
I last saw him alive on Oct 27th, 1933. Death is said to have occurred on the date stated above, at 12:40 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	7/17/33
Chr. Interstitial Nephritis	"
131	
93C	
107A	10/23/33

Other contributory causes of importance:

Bronchio Pneumonia

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical 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) William F. McNamee, M. D.
(Address) 5400 Arsenal St.