

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

Do not use this space.

26150

1. PLACE OF DEATH St Charles
 72 - County Dardenne Registration District No. 760
 Township _____ Primary Registration District No. 6001
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME Conrad Adolph Neirman
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 1877 yrs. 67 mos. 7 ds. 1 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 Helen Neirman		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 1 - 1877</u>		
7. AGE 1877	YEARS 57	MONTHS 7
		DAYS 1
If LESS than 1 day, _____ hrs. or _____ min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer	
	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) <u>Jan 1934</u>	11. Total time (years) spent in this occupation 57
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Charles Co		
FATHER	13. NAME John Neirman	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germny	
MOTHER	15. MAIDEN NAME Marie Schierbaum	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Charles Co	
17. INFORMANT (ADDRESS) <u>Helen Neirman</u>		
18. BURIAL, CREMATION, OR REMOVAL		
PLACE	Newmelle Mo	DATE July 4 19 <u>34</u>
19. UNDERTAKER (ADDRESS) <u>Morris Muschany</u>		
20. FILED <u>7/2</u> 19 <u>34</u> <u>H. Caldwell</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 2 1934

22. I HEREBY CERTIFY, that I attended deceased from July 1 1934 to July 2 1934.
 I last saw him alive on July 27 1934. Death is said to have occurred on the date stated above, at 8:32 a. m.
 The principal cause of death and related causes of importance were as follows:

Pulmonary edema
Cerebral hemorrhage
Myocard
Myocarditis

Date of onset:
7/2/34
7/2/34

Other contributory causes of importance:
Myocarditis 1 yr?

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? no
 If so, specify _____
 (Signed) Harold M. Williams, M. D.
 (Address) Howell, Mo

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.

AUG 10 1934

