Wm. Coleman

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

Do not use this space.

DEC 21 1934

File No. 40546

Registered No. 219

1. PLACE OF DEATH

County St. Louis — Registration District No. 333

Township St. Ferdinand — Primary Registration District No. 4468

City Robertson Mo (No. ..... St. ..... Ward)

2. FULL NAME Sadie C. Niedringhaus

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

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Wm. Niedringhaus

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sep. 20 1887

7. AGE: Years 47 | Months 1 | Days 16 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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): Creve Coeur, Mo.

FATHER

13. NAME: Herman Kopsett

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

MOTHER

15. MAIDEN NAME: Lizzie Roeder

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

17. INFORMANT (ADDRESS): William Niedringhaus, Robertson, Mo.

18. BURIAL, CREMATION, OR REMOVAL: PLACE Ov. St. Louis Cem. DATE 11-7-1934

19. UNDERTAKER (ADDRESS): Hurrmann Bros Inc, 5004 Woodson Overland, Mo.

20. FILED Nov. 6 1934 R. A. Zeitler Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 11-5-1934

22. I HEREBY CERTIFY, That I attended deceased from Aug. 1st 1934, to Nov. 5th 1934

I last saw h. alive on Nov. 4th 1934. Death is said to have occurred on the date stated above, at 12:30 A.M.

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

	Date of onset
Cancer of Stomach	8-1-34
Hg	

Other contributory causes of importance: None

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

What test confirmed diagnosis? X-Ray Pic. 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) H. J. Coleman, M. D.

(Address) Pattonville, Mo.

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.

WHITE PAPER, WITH CARBONS, MAKES THIS A PERMANENT RECORD

JUN 18 1955