

MAY 7 1936

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

Do not use this space.

17820

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **1003**
City *St. Louis, Mo.* (No. *City Infirmary*)

File No.
Registered No. **4606**
St. Ward)

2. FULL NAME

Henry Niebrock
(a) Residence, No. *2-8 1/2 W. General* St. *Suburban* Ward. **13**
(Usual place of abode) *City Infirmary* (If nonresident, give city or town and State)

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *widowed*
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Sara Ida M. Niebrock*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *June 13 1968*

7. AGE YEARS *67* MONTHS *10* DAYS *14* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Entry Clerk*
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) *Missouri*

13. NAME *Henry Niebrock*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany*

15. MAIDEN NAME *Minnie F. Pulver*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany*

17. INFORMANT *E. Molony* (ADDRESS) *5000 Arsenal St.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *St. Peter* DATE *April 29, 1936*

19. UNDERTAKER *Henry Linden and Co* (ADDRESS) *1417 N. Market St.*

20. FILED **APR 28 1936** *J. F. Bredeck* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *April 27, 1936*

22. I HEREBY CERTIFY, That I attended/deceased from *November 9, 1928* to *April 27, 1936*
I last saw him alive on *April 27, 1936* Death is said to have occurred on the date stated above, at *2145 W.*
The principal cause of death and related causes of importance were as follows:

Bronchopneumonia
Fracture of rt. humerus, cause unknown, no definite history of fall
Other contributory causes of importance:
1915

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) *C. C. Smith*, M. D.
(Address) *5600 Arsenal St. St. Louis, 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.

