NOV 4 1936

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

Do not use this space.

791

39200

1. PLACE OF DEATH

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

Township ..... Primary Registration District No. City Hospital No.1 Registered No. 10231

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

B. 10118 William Niehaus

2. FULL NAME .....

(a) Residence, No. 410 Gano St., 9 Ward. .....
(Usual place of abode) (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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
male	white	married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 7, 1898

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
~~38~~	38	3	1	

OCCUPATION

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

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

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) St. Louis, Missouri

FATHER

13. NAME John Niehaus

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

MOTHER

15. MAIDEN NAME Mary Gradel

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

17. INFORMANT (ADDRESS) Hosp. Info. M.H.Kent City Hospital No.1

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE 10/12/36, 19

19. UNDERTAKER (ADDRESS) W. A. Stock Und. Co. 2117 E. Grand Blvd.

20. FILED OCT 10 1936, 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/8/36, 19

22. I HEREBY CERTIFY, That I attended deceased from 10/7/36, 19..., to 10/8/36, 19....

I last saw him alive on 10/8/36, 19.... Death is said to have occurred on the date stated above, at 8.40 p m

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

Delirium Tremens

95 B2

Date of onset

Other contributory causes of importance:

Cardiac disease (Cardiac hypertrophy)

Ischiorectal abscess cause unknown

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

What test confirmed diagnosis? ..... Was there an autopsy? Yes

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) Chas. M. Jessico, M. D.

(Address) City Hospital No.1

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.

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