APR 27 193

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

Do not use this space.

1. PLACE OF DEATH
County: St Louis — Registration District No. 789 — File No. 13402
Township: Normandy — Primary Registration District No. 6933 — Registered No. 82
City: — (No. Natl Bridge and Lucas & Hunt Roads Ward)

2. FULL NAME: CLARA L. NIERE,
(a) Residence, No. 8620 Argyle Avenue, St., St. John Station 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: Female
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: Oliver Niere

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 8. 1891

7. AGE: 45 Years — Months: 8 — Days: 27 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home
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): St. Louis Mo

FATHER
13. NAME: Henry Bussick
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER
15. MAIDEN NAME: Mary Schumacher
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Illinois

17. INFORMANT (ADDRESS): Mrs. Paul Carlton 4468 Ellenwood Avenue

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Laurel Hill Cem. DATE: Mar. 10, 1937

19. UNDERTAKER (ADDRESS): Math. Hermann & Son 2161 East Fair Avenue

20. FILED 3-9- 1937 H A Boehmer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Mar. 7, 1937

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 1:35 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Automobile Collision while riding as a passenger in a private automobile on a public highway.	3/7/37

Other contributory causes of importance:

Fractured Skull	3/7/37

Name of operation: None Date of —
What test confirmed diagnosis? PHYSICAL SIGNS Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ACCIDENT Date of injury 3/7, 1937
Where did injury occur? St Louis County (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. PUBLIC PLACE
Manner of injury: AUTO COLLISION
Nature of injury: FRACTURED SKULL

24. Was disease or injury in any way related to occupation of deceased? NO
If so, specify —
(Signed) John O'Connell, M. D.
(Address) Coroner St Louis County

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.