MAY 7 1937

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

Do not use this space. 14720

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 4216

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

2. FULL NAME Charles ~~Niggeman~~ Niggeman

(a) Residence, No. 3640 a Evans Ave St., 11 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 63 yrs. 10 mos. 4 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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 18, 1873

7. AGE: 366 — YEARS: 63 — MONTHS: 10 — DAYS: 4 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: United Bank & Trust Co.
10. Date deceased last worked at this occupation (month and year): About 1932
11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis, Missouri

FATHER

13. NAME: August ~~Niggeman~~ Niggeman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Germany

MOTHER

15. MAIDEN NAME: ~~Unknown~~ Anna L. Dimmitt
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown United States Ohio

17. INFORMANT (ADDRESS): T.C. Campbell, M.D. 5400 Arsenal St

18. BURIAL, CREMATION, OR REMOVAL
PLACE Valhalla Crematory DATE April 24, 1937

19. UNDERTAKER (ADDRESS): Wm. J. Robert 1905 S. Grand Blvd.

20. FILED APR 23 1937 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-22-37, 19

22. I HEREBY CERTIFY, That I attended deceased from 1-1-36, 19..., to 4-22-37, 19...
I last saw him alive on 4-22-37, 19... Death is said to have occurred on the date stated above, at 8:30 m. A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho -pneumonia 4-13-37	

47A

Other contributory causes of importance:

Syphilis	1-1-36x
Arteriosclerosis	1-1-36x
Tumor of Larynx malignant	1-1-36x

~~Cancer~~ ? ~~Carcinoma~~ ?

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) T C Campbell, M. D.
(Address) 5400 Arsenal St

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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