

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

32463
Do not use this space.

1. PLACE OF DEATH.

(a) County..... Registration District No. **791**
 (b) Township..... Primary Registration District No. **1003**
 (c) City **St. Louis** (d) Street No. **5824 Pamplin Avenue** Registered No. **8517**
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

OTTO A. NIEHAUS,
 (a) Residence, No. **5824 Pamplin Avenue** St. **7**
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 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 **Clara Niehaus (Lassman)**
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Jan. 16, 1861**
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 7 23
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Furnace**
 9. Industry or business in which work was done, as saw mill, bank, etc. **Building Helper**
 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.**

13. NAME **Not Known**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Not Known**

15. MAIDEN NAME **Not Known**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Not Known**

17. INFORMANT (ADDRESS) **Clara Niehaus 5824 Pamplin Ave**

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE **Zions Sept. 11, 1937**

19. FUNERAL DIRECTOR (ADDRESS) **Math. Hermann & Son 2161 East Fair Avenue**

20. FILED **SEP 10 1937** **J. Bieleck** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept. 8, 1937**
 22. I HEREBY CERTIFY, That I attended deceased from **June 2, 1936** to **Sept 8, 1937**
 I last saw him alive on **Sept 8, 1937**. Death is said to have occurred on the date stated above, at **9:35 P. M.**
 The principal cause of death and related causes of importance were as follows:

Carcinoma of Bladder (Urinary)
 Other contributory causes of importance:
51 R

Name of operation..... Date of.....
 What test confirmed diagnosis **Physical**. 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 **Father & Siblings**, M. D.
 (Signed) **3825 N. 20th**
 (Address)

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.

OCCUPATION 37

1 X12004

STATEMENT BY LICENSED EMBALMER

I, Edward Hamilton, Licensed Embalmer No. 2967

hereby certify that the body recorded on the reverse side of this certificate was embalmed by MR

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed Edward Hamilton

Licensed Embalmer No. 2967

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)