

FEB 16 1938

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

4199  
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 96  
(b) Township Meramec Primary Registration District No. \_\_\_\_\_ Registered No. 83  
(c) City \_\_\_\_\_ (d) Street No. Ridge Rd. Sherman, Mo. St. \_\_\_\_\_  
(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 55 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Ida Niere - - 600

(a) Residence, No. Glencoe, Mo. R. # - 1 St.   
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wm. Niere Sr.  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 12-1859  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
78 7 1

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 13-1938 1938  
22. I HEREBY CERTIFY, That I attended deceased from Jan 31, 1937, to Jan 12, 1938  
I last saw h.c.p. alive on Jan. 5, 1938. Death is said to have occurred on the date stated above, at 4:25 A.M.  
The principal cause of death and related causes of importance were as follows:

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired house wife  
9. Industry or business in which work was done, as saw mill, bank, etc. At home  
10. Date deceased last worked at this occupation (month and year) Sept. 1936 11. Total time (years) spent in this occupation 55

Date of onset 191  
Cerebral Nerve damage  
Other contributory causes of importance:  
Cerebral Sclerosis  
Hypertension  
Senility

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mellrose, Mo.

FATHER 13. NAME William Rahm

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

MOTHER 15. MAIDEN NAME Amalia Milcher

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

17. INFORMANT (ADDRESS) Caroline Niere  
Glencoe, Mo. R#-1

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Johns Cemetery  
Ellisville, Mo. DATE Jan. 15-1938

19. FUNERAL DIRECTOR (ADDRESS) Schradler Funeral Home  
Ballwin, Mo.

20. FILED 1-17 1938  
Theodore T. Peyer, M. D.  
Deputy State Commissioner

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Exam. 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 \_\_\_\_\_  
(Signed) Henry Scott M. D.  
Ballwin Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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**STATEMENT BY LICENSED EMBALMER**

I, Harry Schrader, Licensed Embalmer No. 2091  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Harry Schrader  
..... L. E. ....  
No. 2091 or by ....., Registered Apprentice No. ....  
working under my personal supervision.  
Signed Harry Schrader  
Licensed Embalmer No. 2091

**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.)**