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.

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

Do not use this space.

File No. 34778

Registered No. 9908

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

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

2. FULL NAME Mary Niekum

(a) Residence. No. 742 N. Euclid ave Ward 12
(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: Geo. W. Niekum

6. DATE OF BIRTH (MONTH, DAY AND YEAR): April 1 - 1884

7. AGE: Years 43 Months 7 Days 3 If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: House Work
(b) General nature of industry, business, or establishment in which employed (or employer): At home
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY): St. Louis

PARENTS

10. NAME OF FATHER: Michael Foley

11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY): Ireland

12. MAIDEN NAME OF MOTHER: Nora Walsh

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY): Ireland

14. INFORMANT: Geo. W. Niekum
(Address) 742 N. Euclid ave

15. FILED NOV - 6 1927 Max C Starkoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): November 4 1927

17. I HEREBY CERTIFY, That I attended deceased from Nov. 2nd, 1927, to Nov. 4, 1927, that I last saw h. alive on Nov. 4, 1927, and that death occurred, on the date stated above, at 12 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

CA
ND
I
MD
Cerebral abscess

(duration) ..... yrs. ..... mos. 14 ds.

CONTRIBUTORY (SECONDARY) delirium tremens

(duration) ..... yrs. ..... mos. 1 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? No

D DID AN OPERATION PRECEDE DEATH? no DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? -

(Signed) Ernst V. Delfuker, M. D.

11/5/, 1927 (Address) 3148 Olive St.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Calvary — DATE OF BURIAL: Nov 5 1927

20. UNDERTAKER: Edw. F. Howard & Son — ADDRESS: 3236 Park