

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

Do not use this space.

1. PLACE OF DEATH

City St. Louis
 Registration District No. 1123
 Primary Registration District No. 0248 C
 (No. 900 Remay Ferry Rd)

File No. 19367
 Registered No. 170
 St. _____ Ward)

2. FULL NAME

Natalie Noeth
 (a) Residence. No. 900 Remay Ferry St. Ward. St. Louis County
 (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 Peter Noeth

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 5, 1891

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
37 11 2

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

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

10. NAME OF FATHER Nicholas Henenberg

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

12. MAIDEN NAME OF MOTHER Catherine Didier

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Missouri

14. INFORMANT Peter Noeth
 (Address) 900 Remay Ferry Rd. St. Louis County

15. FILED May 8, 1929 L. C. Obrock
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 7, 1929

17. I HEREBY CERTIFY, That I attended deceased from May 7, 1929 to May 7, 1929
 that I last saw him alive on May 7, 1929, and that death occurred, on the date stated above, at 2:40 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bronchial Pneumonia
107A
112 (duration) yrs. mos. ds. 7
 CONTRIBUTORY Bronchial Asthma
 (SECONDARY) (duration) yrs. mos. ds. 2

18. WHERE WAS DISEASE CONTRACTED? IF NOT AT PLACE OF DEATH

0 DID AN OPERATION PRECEDE DEATH? DATE OF _____
 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) A. W. Peters, M. D.

May 7, 1929 (Address) 601 Missouri Bldg
 *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 Mt Hope Cemetery DATE OF BURIAL 5/10 1929

20. UNDERTAKER C. Hoffmeister & Co ADDRESS 714 S Broadway

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.

251929
 1123
 0248 C
 900
 Remay Ferry Rd
 St. Louis
 Missouri
 112
 7
 2
 107A
 601 Missouri Bldg
 Mt Hope Cemetery
 C. Hoffmeister & Co
 714 S Broadway

100-100000

MAY 1952