

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

Do not use this space.

42835

1. PLACE OF DEATH

County..... Registration District No. 701
 Township..... Primary Registration District No. 3002
 City St. Louis (No. St. Anthony Hosp.)

File No.....
 Registered No. 12416
 St..... Ward)

2. FULL NAME

Helene Goltmann
 (a) Residence. No. 2870 - 9th Ave St., 24 Ward.
 (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 married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Peter Goltmann

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 2, 1879

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
50 8 28

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

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

10. NAME OF FATHER Daniel Sigse

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Peter Goltmann
 (Address) 2870 9th Ave

15. FILED DEC 23 1929 Map C. Haxler REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 19, 1929

17. I HEREBY CERTIFY, That I attended deceased from Dec 7, 1929 to Dec 19, 1929, and that I last saw her alive on Dec 19, 1929, and that death occurred, on the date stated above, at, 10:43 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

31 Chronic Interstitial Nephritis
130a Chronic Myocarditis
320 (duration) yrs. mos. ds.

CONTRIBUTORY Uræmia (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? 129-A
 IF NOT AT PLACE OF DEATH

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

WHAT TEST CONFIRMED DIAGNOSIS? Clinical Findings
 (Signed) R. B. W. Klippel, M. D.

12/20, 1929 (Address) 377 2nd 50 Broadway

*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 DATE OF BURIAL
St. Matthews Cem. 12-23 1929

20. UNDERTAKER ADDRESS
Matt Bros. L & Co 2929 S. Jefferson

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.

RECORD THIS IS A PERMANENT RECORD

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