MA

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

Do not use this space.

13830

1. PLACE OF DEATH
County St. Louis — Registration District No. 785 — File No.
Township — Primary Registration District No. 3037 — Registered No. 92
City Kirkwood (No. 315 Rose Av St. Ward)

2. FULL NAME Mary Kamp. Aller.
(a) Residence. No. 315 Rose Ave. St., 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 (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF I Aller

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mch 22 1840

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
90	1	6	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work none
(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

PARENTS
10. NAME OF FATHER Herman Niehaus
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Elizabeth Stephens
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

14. INFORMANT Fredericka Buck
(Address) 3506 Sullivan Av

15. FILED 5/9 1930 C. E. Barnett M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr. 28 1930

17. I HEREBY CERTIFY, That I attended deceased from February 14th, 1930, to April 28, 1930 that I last saw her alive on April 26, 1930, and that death occurred, on the date stated above, at 2:30 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Valvular disease of heart
92 A
(duration) 5 yrs. — mos. — ds.

CONTRIBUTORY (SECONDARY) Anasarca
(duration) — yrs. — mos. 5 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Henry J. Dearmont M.D.
Apr 28, 1930 (Address) 125 E. Adams Kirkwood

*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 Friedens Cem.
DATE OF BURIAL Apr. 30 1930

20. UNDERTAKER Wm H Paschedag
ADDRESS 2825 No. Grand Rd

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.

[illegible]
C. E. Barnett.