

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.

Lo 5250 wa 3510

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

Do not use this space.

16059

1. PLACE OF DEATH  
 County Cackron Registration District No. 399  
 Township Rau Primary Registration District No. 1002  
 City Harrison (No. 4330 Harrison) St. Harrison (Ward)

2. FULL NAME Pauline Niedlinger  
 (a) Residence, No. 4330 Harrison St. 6 Ward. (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

MEDICAL CERTIFICATE OF DEATH

3. SEX F. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Wid.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) sept 9 1885

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
74 | 7 | 28 |

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Retired 93D 107A 97  
 (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) Berlin Germany

10. NAME OF FATHER Albert Jacob

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

12. MAIDEN NAME OF MOTHER Esther Jacob

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

14. INFORMANT Mrs. H. V. Miller (Address) 4330 Harrison

15. FILED 5/7 1930 M. M. Crowe REGISTRAR

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 7 1930

17. I HEREBY CERTIFY That I attended deceased from Jan 5th, 1929, to May 7, 1930, that I last saw her alive on May 7, 1930, and that death occurred, on the date stated above, at 7:10 P.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Broncho Pneumonia  
100 (duration) yrs. mos. ds.  
 CONTRIBUTORY (SECONDARY) arterio sclerosis (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH, Myocarditis  
 DID AN OPERATION PRECEDE DEATH? DATE OF 5  
 WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?  
 (Signed) Joseph L. Lichten M. D.  
57, 1930 (Address) 1219 State 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 St. John Cemetery DATE OF BURIAL May 9 1930  
 BURIAL ADDRESS St. John Cemetery  
 URBAN UNDERTAKER Harold Le

