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

Do not use this space.

File No. 18052

Registered No. 5207

1. PLACE OF DEATH

County ..... Registration District No. 791

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

City St. Louis (No. 5830 Clemens Ave St. ..... Ward)

2. FULL NAME MARTHA HUNTER NIEMEYER

(a) Residence. No. 5830 Clemens St., 5 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 27-1846

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
83	8		

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) Portsmouth
(STATE OR COUNTRY) Virginia

PARENTS

10. NAME OF FATHER Edward Hunter

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

12. MAIDEN NAME OF MOTHER Martha Hunter

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

14. INFORMANT Fred L. Niemeyer
(Address) 5830 Clemens Ave

15. FILED MAY 27 1930 19 ..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5/27/30 19

17. I HEREBY CERTIFY, That I attended deceased from several years, 19.....
that I last saw her alive on May 26, 1930, and that death occurred, on the date stated above, at 4:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic pancreatitis
GBB
Pneumonia
(duration) ..... yrs. ..... mos. ..... ds.

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

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Sam L. Barnes, M. D.

5/27, 1930 (Address) 5427 Delmar

*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
Bellefontaine Cem	5/28 1930
20. UNDERTAKER	**ADDRESS**
Alexander and Sons	6175 Delmar

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

10330