

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

Do not use this space.

34667

791

1003

File No. _____
Registered No. **10052**
St. _____ Ward _____

1. PLACE OF DEATH

County _____ Registration District No. _____
Township _____ Primary Registration District No. _____
City **St. Louis Mo.** (No. **3439**) **Staska**

2. FULL NAME

Matilda Niehaus
(a) Residence No. **3439 Staska** St. **10** 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)** **Widow**

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **July 24-1859**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
71 **2** **27**

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

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

10. NAME OF FATHER **Henry Calstrot**

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) **Germany**

14. INFORMANT **Juan Albert Ditsch**
(Address) **4942 Devonshire**

15. FILED **23** **1930** **Nov 6 Starkloff**
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Oct. 21, 1930**

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.
that I last saw h. _____ alive on _____, 19____, and that death occurred, on the date stated above, at **7:00 p.m.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Asphyxiation (Fuel Gas)
from gas stove when I had coffee boiled over extinguishing gas at residence

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

18. WHERE WAS DISEASE CONTRACTED **Accident**
IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? _____ **DATE OF** _____
WAS THERE AN AUTOPSY? **No**

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) **J. W. Kerner** M.D.
14122, 1930 (address) **Deputy Coroner**

*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 **New Picher** **DATE OF BURIAL** **10/23 19 30**

20. UNDERTAKER **Wm. Amburner Sons Co 4234 Manchester**
ADDRESS

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.

WHITE PRINTED WITH UNFADING INK—THIS IS A PERMANENT RECORD

