

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

Do not use this space.

37394

1. PLACE OF DEATH

Count
Township
City St. Louis

Registration District No. 791
Primary Registration District No. 1008
(No. 5701 Goodfellow ave)

File No.
Registered No. 10433
St. Ward)

2. FULL NAME CATHERINE NIEDERHOLTMEYER

(a) Residence. No. 5701 Goodfellow St. 7 Ward.
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. W MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF the late Anthony Niederholtmeyer

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 28-1857

7. AGE	YEARS	MONTHS	DAYS	IF LESS than day, hrs. or min.
	<u>73</u>	<u>6</u>	<u>3</u>	

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

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

10. NAME OF FATHER Fred Woelking

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

12. MAIDEN NAME OF MOTHER Elizabeth Heine

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

14. INFORMANT Mrs F. O. Buckley
(Address) 5701 Goodfellow

15. NOV -3 1930 Marie C. Starkey
FILED REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 12 1930

17. I HEREBY CERTIFY, That I attended deceased from 10/24 1930 to 11/11 1930 that I last saw her alive on 11/11 1930 and that death occurred, on the date stated above, at 9:20 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar Pneumonia
108

CONTRIBUTORY (SECONDARY) 10/11
(duration) yrs. mos. ds. 10

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) Frank K. Doany M. D.
11/3/1930 (Address) 556 2 Goodfellow

*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 Calvary Cemetery DATE OF BURIAL Nov 5 1930

20. UNDERTAKER Shoop & Carroll ADDRESS 302 1/2 St. Louis

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.

