

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

Do not use this space.

38771

PLACE OF DEATH

County Cape Girardeau Registration District No. 131
Township Wandal Primary Registration District No. 5782
City St. Charles (No.) St. Ward

File No.
Registered No.
St. Ward

2. FULL NAME

Mrs. August Niemiec
(a) Residence. No. R.F.D. # 3 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) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 26-1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 4 28

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)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Hannover Germany

10. NAME OF FATHER

Care Lowmke

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) Unknown

14. INFORMANT

(Address) Mr. Aug. Niemiec
R.F.D. # 3

15. FILED

1-10, 1931

Chargemuller
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec-24 1930

I HEREBY CERTIFY, That I attended deceased from Dec 1 1929 to Dec 24 1930
that I last saw her alive on Dec 23 1930 and that death occurred, on the date stated above, at 12:40 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Arterio Sclerosis

CONTRIBUTORY (SECONDARY)

Pseudo Carditis

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) W. A. Schwen, M. D.

12-24, 1930 (Address) Cape Girardeau Mo.

*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

Hannover Cemetery Dec 26 1930

20. UNDERTAKER

Al. Bunkoff

DATE OF BURIAL

ADDRESS

536 Broadway

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.

JAN 19 1931

