

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.

**BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

3900

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1003
 City St. Louis (No. 2313 Pestalogi)

File No.
 Registered No. 1146
 St. Ward)

2. FULL NAME

(a) Residence. No. 2819 Minnesota St., 46 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 <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Henry H. Nottelmann</u>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Nov. 2 1865</u>				
7. AGE	YEARS <u>65</u>	MONTHS <u>2</u>	DAYS <u>25</u>	IF LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. <u>housewife</u> (b) General nature of industry, business, or establishment in which employed (or employer). <u>235</u> (c) Name of employer				
9. BIRTHPLACE (CITY OR TOWN) <u>St. Louis</u> (STATE OR COUNTRY) <u>Missouri</u>				
PARENTS	10. NAME OF FATHER <u>Paul Liebmann</u>			
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Germany</u> (STATE OR COUNTRY)			
	12. MAIDEN NAME OF MOTHER <u>Anna Meyer</u>			
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Germany</u> (STATE OR COUNTRY)			
14. INFORMANT <u>Walter Nottelmann</u> (Address) <u>3171 Nebraska</u>				
15. FILED <u>29 1931</u> <u>May C. [unclear]</u> REGISTRAR				

MEDICAL CERTIFICATE OF DEATH	
16. DATE OF DEATH (MONTH, DAY AND YEAR) <u>Jan 27 1931</u>	
17. I HEREBY CERTIFY, That I attended deceased from <u>Jan 19 1931</u> to <u>Jan 27 1931</u> that I last saw h. <u>alive on Jan 27 1931</u> and that death occurred, on the date stated above, at <u>9 a.m.</u>	
THE CAUSE OF DEATH* WAS AS FOLLOWS: <u>Chronic Endocarditis</u> <u>92A</u> (duration) yrs. mos. <u>9</u> ds. <u>91</u> CONTRIBUTORY (SECONDARY) <u>atheroma</u> (duration) yrs. mos. ds. 18. WHERE WAS DISEASE CONTRACTED <u>92A</u> IF NOT AT PLACE OF DEATH <u>92A</u> DID AN OPERATION PRECEDE DEATH? <u>92A</u> DATE OF <u>92A</u> WAS THERE AN AUTOPSY? <u>92A</u> WHAT TEST CONFIRMED DIAGNOSIS? <u>92A</u> (Signed) <u>W. F. Fisher</u> , M. D. <u>Jan 24 1931</u> (Address) <u>2315 Pestalogi</u>	
*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 <u>North Marcus Cem.</u>	DATE OF BURIAL <u>1-30 1931</u>
20. UNDERTAKER <u>Witt Bro. & Co. 2929 S. Jefferson</u>	ADDRESS

