MAR 24 1931

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

Do not use this space.

5125

1. PLACE OF DEATH

County Franklin. Registration District No. 297 File No.

Township Washington. Primary Registration District No. 3016 Registered No. 21

City Washington. (No. , St. Ward)

2. FULL NAME August Niederholtmeyer.

(a) Residence. No. 309 Olive Street. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 70 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)
Male	White	Married.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ Mary Niederholtmeyer.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 7/1/ 1858

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
72	7	9	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Shoe Worker. 86

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer International Shoe Co.

9. BIRTHPLACE (CITY OR TOWN) Washington, Mo.
(STATE OR COUNTRY) R.F.D. 1

PARENTS

10. NAME OF FATHER Frank Niederholtmeyer.

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Osnabrook,
(STATE OR COUNTRY) Germany. 10

12. MAIDEN NAME OF MOTHER Mary Pree

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

14. INFORMANT Edwin Niederholtmeyer.
(Address) Washington, Mo.

15. FILED Feb. 12 1931 O. L. Munch REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2/10/31/ 19

17. I HEREBY CERTIFY, That I attended deceased from Jan. 21, 1931, to Feb 10, 1931 that I last saw him alive on Feb. 9, 1931, and that death occurred, on the date stated above, at 2:30 A.M m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocarditis

93D

(duration) - yrs. - mos. 19 ds.

CONTRIBUTORY (SECONDARY) Unknown

(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? Clinical

(Signed) [signature], M. D.

2/11/31 (Address) Washington, 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	DATE OF BURIAL
Catholic Cemetery	2/13/31 19

20. UNDERTAKER	ADDRESS
Nieburg & Vitt.	Washington, Mo.

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.