

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

Do not use this space.

7072

MAR 24 1934

PLACE OF DEATH

County.....

Registration District No. **79U**

Township.....

Primary Registration District No. **1003**

City *St. Louis* (No. *De Pauls Hospital*)

File No.....
Registered No. **1952** St. Ward)

2. FULL NAME *Mary Nietmann*

(a) Residence, No. *221 N. Clark* St., *NR* Ward.

Ferguson, Mo.
(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 MEDICAL CERTIFICATE OF DEATH

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Wm. Nietmann*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *October 4, 1865*

7. AGE YEARS *68* MONTHS *4* DAYS *17* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housewife*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *At home*

10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St. Louis Co. Missouri*

13. NAME *Frank Warmann*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany*

15. MAIDEN NAME *Charlotte Michelle*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany*

17. INFORMANT *Mrs. Louis A. Whaley* (ADDRESS) *216 Clark St.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *St. Peter's Cemetery* DATE *February 24, 1934*

19. UNDERTAKER *Geo. P. Pleitner Inc.* (ADDRESS) *5966 St. George Ave.*

20. FILED **FEB 24 1934** *J. Bredeck* Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *February 21, 1934*

22. I HEREBY CERTIFY, That I attended deceased from *2-20-1934* to *2-21-1934* I last saw her alive on *2-21-1934* Death is said to have occurred on the date stated above, at *30.45 a.m.* The principal cause of death and related causes of importance were as follows:

apoplexy
Cerebral hemorrhage
Other contributory causes of importance:
Chronic nephritis
Arterio-sclerosis
Date of onset *2-20-34*

Name of operation *none* Date of.....
What test confirmed diagnosis? *clinical* Was there an autopsy? *no*

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury..... 19.....

Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? *no*
If so, specify.....

(Signed) *Roy Johnson* M. D.
(Address) *Ferguson 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.

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1870
T. J. Johnson. D. M.