

DEC 21 1934

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

Do not use this space.

1. PLACE OF DEATH

County *St. Louis*
 Townshipp *St. Louis*
 City *Lirkwood* (No. *422 So. Clay Ave*)

Registration District No. *785*
 Primary Registration District No. *3037*

File No. *40564*
 Registered No. *248*
 St. _____ Ward _____

2. FULL NAME*Katherina Nartmann*

(a) Residence, No. *422 So. Clay Ave* St. _____ Ward. *Lirkwood Mo*
 (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 *F* 4. COLOR OR RACE *W.* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

*Frederick Nartmann*6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *6-7-1857*

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

77 5 21

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

Retired

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

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) *Germany*

13. NAME *Hunyack Berthart*

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

15. MAIDEN NAME *Unknown*

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

17. INFORMANT (ADDRESS) *Geo. P. Nartmann 422 So. Clay Ave*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Catholic Hill* DATE *12-1-1934*

19. UNDERTAKER (ADDRESS) *Louis H. Bopp Lirkwood Mo*

20. FILED *11/30 1934* *Agnes C. Kelly, Deputy Registrar*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *11-28-1934*

22. I HEREBY CERTIFY, That I attended deceased from *1-30*, 19*34*, to *11-28*, 19*34*

I last saw her alive on *11-23*, 19*34* Death is said

to have occurred on the date stated above, at *1:45 p.m.*

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage. Date of onset *11-28-34*

Other contributory causes of importance:

arteriosclerosis.

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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? _____

If so, specify _____

(Signed) *L. E. Barred* M. D.

(Address) *209 S. Wood St. Lirkwood Mo*

WRITE CLEARLY, 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.

