

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.

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

SEP 16 1935

**791  
1003**

Do not use this space.

28167

**1. PLACE OF DEATH**

County ..... Registration District No. ....  
 Township ..... Primary Registration District No. ....  
 City St. Louis (No. 4095 Loughbrough Ave.) St. .... Ward) .....

File No. ....  
 Registered No. 7259

**2. FULL NAME**

Katherine Nilhas  
 (a) Residence, No. 4095 Loughbrough Ave. / 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 Albert Nilhas

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 29th. 1868

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .....hrs. or .....min.
	66	8	28	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ....	<u>House-work</u>
	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

FATHER 13. NAME Jacob Wittmaier

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

MOTHER 15. MAIDEN NAME Not-Known

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

17. INFORMANT (ADDRESS) Albert Nilhas  
4095 Loughbrough Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lakewood Park DATE Aug. 29th. 1935

19. UNDERTAKER (ADDRESS) Wm. Schumacher  
3013 Meramec Street

20. FILED AUG 28 1935 J. Bredeck  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 26th. 1935

22. I HEREBY CERTIFY, That I attended-deceased from the physician in attendance

....., 19....., to ..... 19.....  
 I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 3 pm.  
 The principal cause of death and related causes of importance were as follows:

Arteriosclerosis  
Chronic Fibrous Degeneration  
 Other contributory causes of importance: 930

Name of operation ..... Date of .....  
 What test confirmed diagnosis? ..... Was there an autopsy? Yes

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) John J. Sweeney M.D.  
 (Address) Deputy Coroner

