

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

Do not use this space.

JAN 23 1936

41527

1. PLACE OF DEATH

County.....
 Township.....
 City..... St. Louis

Registration District No. 791
 Primary Registration District No. 1008
 (No. Southern Stop)

File No.
 Registered No. 10774
 St. Ward)

2. FULL NAME

Delia Niemann

(a) Residence, No. St. RP Ward. West Frankfort 308
 (Usual place of abode)

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>Fred Niemann</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 14-1907</u>		
7. AGE YEARS <u>28</u>	MONTHS <u>11</u>	DAYS <u>4</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>housewife</u>		11. Total time (years) spent in this occupation <u>3 1/2</u>
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>—</u>		
10. Date deceased last worked at this occupation (month and year) <u>11/3/35</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Red Bud Illinois</u>		
13. NAME <u>Charles Rockbasse</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Red Bud, Ill</u>		
15. MAIDEN NAME <u>Ernestine Klapper</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Red Bud</u>		
17. INFORMANT <u>Rev. Fred Niemann</u> (ADDRESS) <u>West Frankfort 308</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Red Bud Ill</u> DATE <u>Dec 21st 30</u>		
19. UNDERTAKER <u>Albert H. Howe, Inc</u> (ADDRESS) <u>429 N. Euclid Ave</u>		
20. FILED <u>DEC 20 1935</u> <u>J. Bredeck</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-18 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 29, 1935, to Dec 18, 1935
 I last saw her alive on Dec 18, 1935. Death is said to have occurred on the date stated above, at 9 A. m.
 The principal cause of death and related causes of importance were as follows:
Pelvic Abscess - (undetermined origin) 1/24/35
Non-suppurative cause unknown 1/24/35
 Other contributory causes of importance: cause
Intestinal Obstruction unknown 1/18/35
Empyema - Thorax 1/24/35
Septicemia - Cause unknown
 Name of operation Tupercotomy & drainage Date of 12/6/35
 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? no
 If so, specify _____
 (Signed) Victor F. Klapper, M. D.
 (Address) 380 S. 66. Broadway

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.

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