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

Do not use this space.
32474

1. PLACE OF DEATH
County
Registration District No. 791
Township
Primary Registration District No. 1003
City St Louis (No. Lutheran Hosp St. Ward)
File No.
Registered No. 8528

2. FULL NAME Mary Niebling
(a) Residence, No. 2300 S. 12th St. St., 23 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) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF "
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 6 - 1857
7. AGE YEARS 79 MONTHS 11 DAYS 3 If LESS than 1 day, ... hrs. or ...... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. retired
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 Casper Niebling
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
MOTHER
15. MAIDEN NAME Barbara Weinmer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
17. INFORMANT Louis Niebling
(ADDRESS) 2415 S. 12th St
18. BURIAL, CREMATION, OR REMOVAL
PLACE N. St Marcus DATE Sept. 13, 1937
19. UNDERTAKER Witt Bros Inc.
(ADDRESS) 2929 S. Jeff. Ave.
20. FILED SEP 10 1937 19 J. F. Biedeck *Registrar.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 9, 1937
22. I HEREBY CERTIFY, That I attended deceased from Aug. 12, 1937, to Sept 9, 1937
I last saw her alive on Sept. 9, 1937. Death is said to have occurred on the date stated above, at 8:55 a.m.
The principal cause of death and related causes of importance were as follows: Date of onset
Chr. Myocarditis
Angina Pectoris
Other contributory causes of importance:
Fracture neck left femur
Hypertension Cerebral Hemorrhage
Arteriosclerosis
Name of operation — Date of —
What test confirmed diagnosis? Physical X-Ray Was there an autopsy? no
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? accident Date of injury 8/12, 1937
Where did injury occur? Tower Grove Park
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Public Place (Tower Grove Park)
Manner of injury Reached over to pick up ball - fell
Nature of injury Trans. Fracture left femur
24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) A. F. Plag, M. D.
(Address) 3150 Morganford Rd.

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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