

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

41399
Do not use this space.

DEC'D JAN 11 1938

1. PLACE OF DEATH

(a) County / Registration District No. **791**
 (b) Township / Primary Registration District No. **1008**
 (c) City **St. Louis** / (d) Street No. **Christian Hospital** St. **St.**
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Margaret Niekamp**

(a) Residence, No. **2115 Hord Ave.** St. **Jennings Mo.**
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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 **Charles H. Niekamp**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Oct. 20, 1863**

7. AGE YEARS **75** MONTHS **2** DAYS **5** If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as 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) **Lanceburg Ill.**

FATHER

13. NAME **Gottlieb Pobb**
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

MOTHER

15. MAIDEN NAME **Susanne Wagner**
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

17. INFORMANT **Charles A. Niekamp**
 (ADDRESS) **Jennings; Mo.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Bellefontaine** DATE **Dec. 27**, 19**38**

19. FUNERAL DIRECTOR **Math. Hermann & Son**
 (ADDRESS) **2161 E. Fair Ave.**

20. FILED **DEC 27 1938** **J. P. Bullock**
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Dec. 25**, 19**38**

22. I HEREBY CERTIFY, That I attended deceased from **Jan 1**, 19**27**, to **Dec 25**, 19**38**
 I last saw her alive on **Dec 25**, 19**38**. Death is said to have occurred on the date stated above, at **9:30 P.M.**
 The principal cause of death and related causes of importance were as follows:
Cerebral Apoplexy

Date of onset

Other contributory causes of importance:
82

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 **St. Vanstreffer**, M. D.
 (Address) **8313 Hall St. Very La**

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

50M-7-26-37 I X12004

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.

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....
..... L. E.
No..... or by....., Registered Apprentice No.....
working under my personal supervision.

Signed.....
Licensed Embalmer No. 2967

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)