

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

Do not use this space.

27503

1. PLACE OF DEATH

County..... Registration District No.....
 Township..... Primary Registration District No.....
 City St. Louis, Mo. (No. 2716) Russell Ave St. 23 Ward
 File No. 7311
 Registered No. 7311

2. FULL NAME

Barbara Nothheller
 (a) Residence, No. 2716 Russell St., 23 Ward. (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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED single (widow)

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 6, 1932

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Gideon Nothheller

I HEREBY CERTIFY, That I attended deceased from June 1, 1930, to Aug 6, 1932

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 20, 1855

I last saw h. alive on Aug 6, 1932. Death is said to have occurred on the date stated above, at 1:20 P. M.

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>77</u>	<u>4</u>	<u>17</u>	

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

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

Diabetes Mellitus

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

Other contributory causes of importance: ①

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) St Marys, Mo

13. NAME Martin Pond

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France

15. MAIDEN NAME Barbara Schoeno

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

17. INFORMANT Jess Glaser

18. BURIAL, CREMATION, OR REMOVAL PLACE St Marys Mo DATE Aug 9, 1932

19. UNDERTAKER Boyer & Co

20. FILED 116 - 8 1932

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no 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) Martin J Glaser, M. D.

(Address) 506 Olive St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

12/17

