

REC'D JUN 22 1939

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

19259
Do not use this space.

1. PLACE OF DEATH

(a) County Montana Registration District No. 591
(b) Township Walter Primary Registration District No. 4335
or California
(c) City _____ (d) Street No. _____ 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.

Registered No. 27

2. PRINT FULL NAME

Helma Alvina Nischwitz
(a) Residence, No _____ St. _____ (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>W</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>Edu C. Nischwitz</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 26-1862</u>				
7. AGE	YEARS <u>76</u>	MONTHS <u>4</u>	DAYS <u>13</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Retired Gunsmith</u>			
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>dealer</u>			
	10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____			
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>California Mo</u>			
	13. NAME <u>J. H. Ehrhardt</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>			
MOTHER	15. MAIDEN NAME <u>Lehrle Heysel</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>			
17. INFORMANT (ADDRESS) <u>E. C. Nischwitz</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Lutheran bur</u> DATE <u>5/12</u> 19 <u>39</u>				
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>H. Lehman & Friedman</u> <u>California Mo</u>				
20. FILED <u>5-13</u> 19 <u>39</u> <u>W. R. Popejoy</u> Local Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-9- 193922. I HEREBY CERTIFY That I attended deceased from _____ 1935 to May 9- 1939I last saw her alive on May 9 1939. Death is saidto have occurred on the date stated above, at 1029 a. m.

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

Pericious Anaemia

Date of onset

59

Other contributory causes of importance:

diabetes mellitusName of operation none Date of _____What test confirmed diagnosis? hematocrit 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?
No, specify _____(Signed) L. L. Latham, M. D.(Address) California Mo

MAY 7 1942

MAY 16 1946

MAY 13 1946

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed *HE Friedmeyer*.....

Licensed Embalmer No. *2854*.....

P. O. Address *California*.....

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.)

If this body is not embalmed, above space should be left blank.