APR 27 1927

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

Do not use this space.

9435

1. PLACE OF DEATH
County St Louis — Registration District No. 784 — File No.
Township St Ferdinand — Primary Registration District No. 6030 — Registered No.
City (No. 2133 Switzer Ave St. Ward)

2. FULL NAME Anna C. Riemann
(a) Residence. No. St., 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): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Fred W. Riemann

6. DATE OF BIRTH (MONTH, DAY AND YEAR): July 16 1895

7. AGE: Years 31 — Months 8 — Days 13 — If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St Louis Co.

PARENTS
10. NAME OF FATHER: Ferdinand Nuebling
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Germany
12. MAIDEN NAME OF MOTHER: Carolina Hillemann
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): St Louis Co.

14. INFORMANT: Fred W. Riemann
(Address) 2133 Switzer Ave

15. April FILED 1927 — O. A. Schmidt, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR): Mar 29, 1927

17. I HEREBY CERTIFY, That I attended deceased from Mar. 20, 1927, to Mar 29, 1927, that I last saw her alive on Mar. 29, 1927, and that death occurred, on the date stated above, at 11 30 a.m.

150 THE CAUSE OF DEATH* WAS AS FOLLOWS:
93 Chronic Myocarditis.
100A
145 C3
(duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Childbirth Mar 22-1927
Broncho Pneumonia (duration) yrs. mos. 5 ds.

18. WHERE WAS DISEASE CONTRACTED —
IF NOT AT PLACE OF DEATH?
O DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) E. M. Schmidt, M. D
3-30, 1927 (Address) 8644 Goodfellow.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: St. Johns Cemetery — DATE OF BURIAL: 4/1/27 19

20. UNDERTAKER: Theo. W. Biederwieden — ADDRESS: 1936 St. Louis Ave

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.