

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.

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

Do not use this space.

2343

FEB 23 1928

1. PLACE OF DEATH

County St. Louis Registration District No. 784 File No. _____
 Township Seaway St. Federal Primary Registration District No. 6030 Registered No. _____
 City St. Louis (No. _____) St. _____ Ward _____

2. FULL NAME

Anna Catherine Riemann
 (a) Residence. No. 2051 Switzer ave. 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. 10 mos. — ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Single</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 22, 1927

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
		<u>10</u>	<u>—</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work _____
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

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

PARENTS

10. NAME OF FATHER Fred Riemann

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany
(STATE OR COUNTRY) Mo.

12. MAIDEN NAME OF MOTHER Anna C. Nielling

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany
(STATE OR COUNTRY) Mo.

14. INFORMANT Fred Riemann
(Address) 2051 Switzer Ave.

15. FILED Jan 23, 1928 O. R. Schmitt
REGISTRAR

2. MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 22 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec 20 1927 to Jan 22 1928
 that I last saw him alive on Jul 27 1928, and that death occurred, on the date stated above, at 2:03 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

9 Meningitis
99A (duration) yrs. mos. 3 ds.

CONTRIBUTORY (SECONDARY) Pertussis (duration) yrs. mos. 10 ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH no DATE OF _____

WAS THERE AN AUTOPSY no

WHAT TEST CONFIRMED DIAGNOSIS clinical
 (Signed) E. M. Kleinfelder, M. D.

(Address) 5507 W. Florissant

*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. John's Cemetery **DATE OF BURIAL** Jan 24 1928

20. UNDERTAKER Theo. H. Budwieder **ADDRESS** 1926 St. Louis

