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

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.

11537

1. PLACE OF DEATH

County ..... Registration District No. 791 1003 File No. 3381

Township ..... Primary Registration District No. ..... Registered No. .....

City St Louis (No. 2112 Malinkrodt St St. ..... Ward)

2. FULL NAME Anna Holtgrewe

(a) Residence. No. ..... St., 26 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: Louis Holtgrewe

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Mch 17 1886

7. AGE: YEARS 42 | MONTHS | DAYS 6 | 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 Mo.

PARENTS

10. NAME OF FATHER: Wm Koenemann

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

12. MAIDEN NAME OF MOTHER: Christine Rohlfing

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

14. INFORMANT: Louis Holtgrewe
(Address) 2112 Mallinkrodt St

15. FILED MAR 26 1928 Roy C. Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): March 23 1928

17. I HEREBY CERTIFY, That I attended deceased from March 20, 1928, to March 23, 1928 that I last saw her alive on March 23, 1928, and that death occurred, on the date stated above, at 9 15 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lung Abscess.
Streptococcic infection cause unk
114 B
115 A
36 (duration) yrs. mos. 6 Hours

CONTRIBUTORY (SECONDARY): Peri Tonsilar Abscesses
Streptococcic infection cause unk (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? 0 / 1 0 9 B No DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) Alfred Theo Vogler, M. D.

3/24, 1928 (Address) 4244 N. 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: New Bethlehem

DATE OF BURIAL: Mch 26 1928

20. UNDERTAKER: Theo H. Biederwieden

ADDRESS: 1936 St Louis Mo