

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

Do not use this space.

22788

**1. PLACE OF DEATH**

County ..... Registration District No. 791  
Township ..... Primary Registration District No. 1003  
City St. Louis, Mo. No. 5600 Arsenal

File No. ....  
Registered No. 6199  
St. 24th Ward)

**2. FULL NAME**

Annett Besmer  
(a) Residence. No. 2632 N. Spring St. 11 Ward.  
(Usual place of abode)  
Length of residence in city or town where death occurred 2 yrs. 5 mos. 2 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) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 5, 1927

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
2 5 2

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work none  
(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.

10. NAME OF FATHER Lawrence Besmer

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

12. MAIDEN NAME OF MOTHER Mary Ambrose

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

14. INFORMANT Lorraine Kroner  
(Address) 5600 Arsenal

15. JUN - 8 1929 FILED Mary C. Stanley REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 7<sup>th</sup> 1929

I HEREBY CERTIFY, That I attended deceased from June 6<sup>th</sup> 1929 to June 7<sup>th</sup> 1929  
that I last saw h. er alive on June 7<sup>th</sup> 1929, and that death occurred, on the date stated above, at 536 O m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Meningitis, meningococci  
18 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) none  
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 2632 No. Spring  
IF NOT AT PLACE OF DEATH no  
DID AN OPERATION PRECEDE DEATH? no DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Sp. Fluid Culture  
(Signed) Benj. Margulies, M. D.  
June 7, 1929 (Address) 5600 Arsenal St.

\*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 Calvary Cem DATE OF BURIAL 6-10 1929

20. UNDERTAKER Geo. L. Pleitsch ADDRESS 5966 Eastern

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.

~~John J. ...~~

John J. ...