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

791
1003

Do not use this space.

26032

1. PLACE OF DEATH

County ..... Registration District No. ..... File No. .....

Township ..... Primary Registration District No. ..... Registered No. 7219

City St Louis (No. St Anthony's Hospital St. ..... Ward)

2. FULL NAME Anna Aschemann

(a) Residence. No. 2006 Penn St., 23 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 Aschemann

6. DATE OF BIRTH (MONTH, DAY AND YEAR): July 12 — 1851

7. AGE: Years 77, Months 11, Days 27, If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Washington Mo.

PARENTS

10. NAME OF FATHER: Dont Know
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Dont Know
12. MAIDEN NAME OF MOTHER: Catharine Brunnemann
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Germany

14. INFORMANT: Geo Aschemann
(Address) 2006 Penn St.

15. FILED 11-9 1929 Max C Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH 3

16. DATE OF DEATH (MONTH, DAY AND YEAR): July 9 1929

17. I HEREBY CERTIFY, That I attended deceased from July 6, 1929, to July 9, 1929, that I last saw him alive on July 8, 1929, and that death occurred, on the date stated above, at 4:10 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Hypostatic Pneumonia
Nt Lobar or Broncho. #103
(duration) — yrs. — mos. 2 ds.

CONTRIBUTORY (SECONDARY): Fractured Neck of left femur (duration) — yrs. — mos. 3 ds.

18. WHERE WAS DISEASE CONTRACTED? Fell down accident
IF NOT AT PLACE OF DEATH? at home
DID AN OPERATION PRECEDE DEATH? No DATE OF —
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Tray + Physic Exam

(Signed) J. P. Keim, M. D.
7-9-1929 (Address) 2730 McMain Ave

*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 Cemetery
DATE OF BURIAL: July 12 1929

20. UNDERTAKER: J. H. Gibbons
ADDRESS: 2630 Gravois Av