

OCT 31 1930

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

Do not use this space.

File No. **30902**  
Registered No. **157**  
St. **1** Ward

1. PLACE OF DEATH  
County **St. Charles** Registration District No. **757**  
Township **St. Charles** Primary Registration District No. **3036**  
City **St. Charles** (No. **1515**, **Clay St.**)  
2. FULL NAME **Mrs. Mary Louise Johann**  
(a) Residence No. **1515 Clay St.** St. **1** Ward.  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred **28** 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 **Widowed**  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Chas. J. Johann**  
6. DATE OF BIRTH (MONTH, DAY AND YEAR) **March 22, 1851**  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
**79 5 24**

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

9. BIRTHPLACE (CITY OR TOWN) **Germany**  
(STATE OR COUNTRY)

PARENTS  
10. NAME OF FATHER **Gotlieb Anfer**  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) **Germany**  
(STATE OR COUNTRY)  
12. MAIDEN NAME OF MOTHER **Sophia Kueteman**  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **Germany**  
(STATE OR COUNTRY)

14. INFORMANT **Fred Bruno**  
(Address) **1515 Clay St. City.**

15. FILED **9/18** 19 **30** By **H. Blochmann**  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Sept. 16<sup>th</sup> 1930**  
17. I HEREBY CERTIFY, That I attended deceased from **Sept. 16<sup>th</sup> 1930** to **Sept. 16<sup>th</sup> 1930**,  
that I last saw her alive on **Sept. 15<sup>th</sup> 1930**, and that death occurred, on the date stated above, at **3:45 a. m.**

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
**Cerebral Hemorrhage**  
**97**  
(duration) **1** yrs. **1** mos. **1** ds.

CONTRIBUTORY (SECONDARY) **Senile Dementia**  
(duration) **10** yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED **7401**  
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? **no** DATE OF

WHAT TEST CONFIRMED DIAGNOSIS **Chemical**  
(Signed) **F. B. Zedler**, M. D.

(Address) **1515 Clay St. City**

\*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 **Lutheran Cemetery** DATE OF BURIAL **9/18/30** 19

20. UNDERTAKER **Steinbrinker Funeral Co. St. Charles Mo.** ADDRESS

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.

