

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

Do not use this space.  
29724

1. PLACE OF DEATH

County ..... Registration District No. **791**  
Township ..... Primary Registration District No. **1003**  
City *St. Louis, Mo.* (No. *Little Sisters of Poor*)  
*1247 Hebert* St. .... Ward)

File No. ....  
Registered No. **8757**  
St. .... Ward)

2. FULL NAME *Anna Maria Heile*

(a) Residence, No. *Little Sisters of Poor* St. *20* Ward.  
(Usual place of abode) *1201 Hebert* (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) *Widowed*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Mar. 27 - 1844*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
*87 4 17*

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housework.*  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation.

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

FATHER 13. NAME *John Brinkschroeder*

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

MOTHER 15. MAIDEN NAME *Not known*

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

17. INFORMANT *Frank Heile*  
(ADDRESS) *5518 Plover ave.*

18. BURIAL, CREMATION, OR REMOVAL  
PLACE *balvary* DATE *Aug 17 1931*

19. UNDERTAKER (ADDRESS) *By Leidner and Co 1417 N. Market St.*

20. FILED *AUG 15 1931*  
*W. J. Stank*  
Registrar.

**2** MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Aug 14* 19 *31*

22. I HEREBY CERTIFY, That I attended deceased from *Aug. 2* 19 *31*, to *Aug. 14* 19 *31*  
I last saw her alive on *Aug. 13* 19 *31* Death is said to have occurred on the date stated above, at *9 45* A. m.  
The principal cause of death and related causes of importance were as follows:

*Chronic Parenchymatous Nephritis*  
*131 131 930*  
Other contributory causes of importance:  
*Chronic Myocarditis*  
Date of onset

**8**  
Name of operation ..... Date of .....  
What test confirmed diagnosis? *Clinical* Was there an autopsy? *No*

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....  
Where did injury occur? ..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....  
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? *No*  
If so, specify .....  
(Signed) *Anthony G. Piekarski*, M. D.  
(Address) *1556 Cass Ave.*

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.

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

