

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

Do not use this space.

19185

1. PLACE OF DEATH
37 County Gasconade Registration District No. 303
2 Township _____ Primary Registration District No. 4182
6 City Hermann (No. _____ St. _____ Ward _____)
2. FULL NAME Anna Brieschke
(a) Residence, No. _____ St. _____ 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 Herman Brieschke
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 22 - 1862
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
70 3 25

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Wm
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) Hermann
(STATE OR COUNTRY) REB. Mo

13. NAME Henry Stephan
14. BIRTHPLACE (CITY OR TOWN) Germany
(STATE OR COUNTRY) 100

15. MAIDEN NAME Udida Schwarzkopf
16. BIRTHPLACE (CITY OR TOWN) Germany
(STATE OR COUNTRY)

17. INFORMANT Herman Brieschke
(ADDRESS) Hermann Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACES Brisburg Cem. DATE 6/20 1932

19. UNDERTAKER Hugo Brieschke
(ADDRESS) Hermann Mo

20. FILED 6-18 1932 Anna R. Rieckhoff
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 17 1932
22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1932 to June 17 1932
I last saw her alive on June 17 1932 Death is said to have occurred on the date stated above, at 6 P. m.
The principal cause of death and related causes of importance were as follows:

Pernicious Anemia

Other contributory causes of importance: None

Name of operation none Date of _____
What test confirmed diagnosis? Blood Count 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? None (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) H. J. Rieckhoff M. D.
(Address) Hermann Mo

