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

Do not use this space.
24950

1. PLACE OF DEATH

County ..... Registration District No. 791
Township ..... Primary Registration District No. 1008
City St. Louis (No. Bethesda Hospital St. ..... Ward)

File No. .....
Registered No. 7126

2. FULL NAME Mary Esther Riemer

(a) Residence, No. 3051 Rolla Place, St., 10 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): Single.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 31, 1930

7. AGE: YEARS 2 | MONTHS 3 | DAYS 30 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) St. Louis Mo.

FATHER
13. NAME Francis Riemer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

MOTHER
15. MAIDEN NAME Esther O'Toole.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

17. INFORMANT Mr. Francis Riemer
(ADDRESS) 3051 Rolla Place.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Cabany Cem. DATE Aug. 2 1932

19. UNDERTAKER Croghan Ind. Co. Inc.
(ADDRESS) 7146 Manchester Ave.

20. FILED AUG - 1 1932 Max C. Starkey Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 30, 1932.

22. I HEREBY CERTIFY, That I attended deceased from July 29, 1932, to July 30-32, 19..
I last saw her alive on July 30, 1932. Death is said to have occurred on the date stated above, at 7:30 PM
The principal cause of death and related causes of importance were as follows:

Streptococcus septicemia
T04A
36
Primary Infection of nose
(Cause Unknown)

Date of onset

Other contributory causes of importance:

36

Name of operation None Date of
What test confirmed diagnosis? 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 None
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) [signature] M. D.
(Address) 928 McTheatre Bldg