

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County.....

SEP 13 1934

Registration District No.....

791
1003

File No.....

31253

Township.....

Primary Registration District No.....

Registered No.....

8552

City.....

St. Louis (No. Deaconess Hospital)

St.....

Ward.....

2. FULL NAME

Anna Postmeier

(a) Residence, No.....

1916 St. Louis

St. 26 Ward.

(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

Benny Postmeier

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

Sept. 14, 1884

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

49

11

7

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

housewife

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)

Westphalen Germany

MOTHER FATHER

13. NAME

H. Keithreiner

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

Germany

15. MAIDEN NAME

Unknown

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

Unknown

17. INFORMANT (ADDRESS)

Benny Postmeier 1916 St. Louis

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

Lakewood Park, Kans. Aug. 21, 1934

19. UNDERTAKER (ADDRESS)

Reidwiden Funeral Home 1936 St. Louis, Mo.

20. FILED

SEP 13 1934

J. Brebeck Registrar

MEDICAL CERTIFICATE OF DEATH

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

AUG 21 1934

22. I HEREBY CERTIFY, That I attended deceased from

August 8, 1934, to Aug. 21, 1934

I last saw him alive on Aug. 21, 1934. Death is said

to have occurred on the date stated above, at 9:25 a.m.

The principal cause of death and related causes of importance were as follows:

Dysentery, bacillary

Other contributory causes of importance:

Name of operation..... 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..... Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify (Signed) F. O. Sturhahn, M. D. (Address) University Club Bldg.

(STURHAHN)

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.

