

JAN 20 1936

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

Do not use this space.

40773

1. PLACE OF DEATH

County St. Charles  
Township Calaway  
City New Melle (No. ....)

Registration District No. 759  
Primary Registration District No. 6000

File No. ....  
Registered No. 8  
St. .... Ward)

2. FULL NAME

Anna Catherine Thiemann

(a) Residence. No. .... St. .... Ward. ....  
(Usual place of abode)

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 Henry Thiemann

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 5-11-1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
72 6 26

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

9. BIRTHPLACE (CITY OR TOWN) New Melle  
(STATE OR COUNTRY) .....

10. NAME OF FATHER Ernst Schrodermeier

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany  
(STATE OR COUNTRY) .....

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown  
(STATE OR COUNTRY) .....

14. INFORMANT Edw. Thiemann  
(Address) New Melle Mo

15. FILED 12-8 35 Oct. Melum  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 7<sup>th</sup> 1935

17. I HEREBY CERTIFY, That I attended deceased from Dec 1<sup>st</sup> 1935 to Dec 7 1935  
that I last saw her alive on Dec 7 1935, and that death occurred, on the date stated above, at 9:30 A. M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Acute Heart Failure  
Chronic myocarditis

(duration) yrs. 6 mos. ds.  
CONTRIBUTORY Chronic Bronchitis  
(SECONDARY)  
(duration) yrs. 2 mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF BIRTH .....

DID AN OPERATION PRECEDE DEATH? No DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical Symptoms  
(Signed) W. T. Melum M. D.

2-9, 1935 (Address) New Melle, Mo

\*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 Luth. Cemetery New Melle DATE OF BURIAL 12-9-1935

20. UNDERTAKER Claude McElhiney ADDRESS New Melle, Mo.

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.

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