

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.

1. PLACE OF DEATH

County.....
Township.....
City St. Louis, (No. 791)

Registration District No. 791
Primary Registration District No. 1003
2110 Stansbury St.

File No. 39674
Registered No. 10719
St. 24 Ward

2. FULL NAME Anna Thiemann

(a) Residence, No. 2110 Stansbury St., St. 24 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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 27, 1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 9 26

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

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. Libory Ill.

13. NAME Gerhard Baalman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

15. MAIDEN NAME Katherine Harwerth

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

17. INFORMANT (ADDRESS) George Thiemann 2110 Stansbury St.

18. BURIAL, CREMATION, OR REMOVAL SS. Peter and Paul Cem. DATE Oct. 27, 1936

19. UNDERTAKER (ADDRESS) J. N. Hebbel and Co. 2842 Meramec St.

20. FILED Oct 23 1936 J. Brodeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 23, 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct. 20, 1936, to Oct. 23, 1936

I last saw her... alive on Oct. 23, 1936 Death is said to have occurred on the date stated above, at 6:30 p.m.

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

Broncho-Pneumonia Date of onset 10/21/36

Other contributory causes of importance:

Pulmonary Edema
Arteriosclerosis

Name of operation..... Date of.....

What test confirmed diagnosis? None 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) Leo P. Young, M. D.

(Address) 2021 B Jefferson

10 floors, Wm.

