

**FILED NOV 7 1946**  
 318

1003

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County..... St. Louis  
 (b) City or town..... St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
3816 Shaw Avenue /  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution.....  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME ANNA MAY NIEMANN

3. (b) If veteran, name war..... None  
 3. (c) Social Security No. Unknown

4. Sex Female / 5. Color or race White  
 6. (a) Single, widowed, married, divorced, Married  
 6. (b) Name of husband or wife..... Emil H. Niemann  
 6. (c) Age of husband or wife if alive..... 72 years  
 7. Birth date of deceased..... May 18 1874  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
72 5 6 hr. min.

9. Birthplace..... St. Louis, Missouri (1)  
(City, town, or county) (State or foreign country)

10. Usual occupation..... Housewife

11. Industry or business..... At home

12. Name..... William F. Story 4

13. Birthplace..... Ireland  
(City, town, or county) (State or foreign country)

14. Maiden name..... Anna Curry

15. Birthplace..... Connecticut /  
(City, town, or county) (State or foreign country)

16. (a) Informant..... Emil H. Niemann

(b) Address..... 3816 Shaw Avenue

17. (a) Burial (b) Date thereof: Oct. 28, 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Calvary Cemetery

18. (a) Signature of funeral director..... Wm. J. Robert L. & U. Co.

(b) Address..... 1905 So. Grand Blvd.

19. (a) OCT 26 1946 J. F. Bredack  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County..... St. Louis  
 (c) City or town..... St. Louis 17/7  
(If outside city or town limits, write "RURAL")  
 (d) Street No..... 3816 Shaw Avenue 9  
(If rural, give location) 10  
 (e) Citizen of foreign country?..... (Yes or No)  
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 24  
 year 1946 hour 2 minute 25 P.M.

21. I hereby certify that I attended the deceased from Sept 18<sup>th</sup>  
 1946, to Oct 24<sup>th</sup> 1946  
 that I last saw h. alive on Oct 24<sup>th</sup> 1946  
 and that death occurred on the date and hour stated above.

Immediate cause of death.....  
Cerebral Apoplexy  
Arteriosclerosis

Due to.....

Due to.....

Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings:  
 Of operations.....

Of autopsy.....

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify).....  
 (b) Date of occurrence.....  
 (c) Where did injury occur?.....  
(City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?  
(Specify type of place)

While at work?..... (c) Means of injury.....

23. Signature..... J. H. Kaufman (M. D. or other)  
 Address..... 3720 W. Washington Blvd Date signed Oct 29, 46

WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*John Ketter*  
.....  
Licensed Embalmer No. 3880

P. O. Address St. Louis, Mo.

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

If this body is not embalmed, fact should be so stated above.