FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 3 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 21032 5783

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution 4538 Nat Bridge Blvd
(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) In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 600

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 4538 Nat bridge Blvd 9
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 10 0

If yes, name country

3. (a) PRINT FULL NAME Annie L. Kienemann

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife Late Henry EH. Kienemann

6. (c) Age of husband or wife if alive years

7. Birth date of deceased May (Month) 30 (Day) 1866 (Year)

8. AGE: Years	Months	Days	If less than one day
82	0	27	hr. min.

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

10. Usual occupation Unemployed

11. Industry or business

FATHER
12. Name Frederick Gronemeier
13. Birthplace Germany 4 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Minnie Nohlkemper
15. Birthplace Germany 4 (City, town, or county) (State or foreign country)

16. (a) Informant Melba Schupp
(b) Address 4538 Nat Bridge Blvd

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 30 1948 (Month) (Day) (Year)
(c) Place: burial or cremation St. Johns Cemetery

18. (a) Signature of funeral director Calvin F Feutz
(b) Address 4828 Nat bridge Blvd

19. (a) JUN 28 1948 (Date received local registrar) (b) J. F. Broderick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 27 year 1948 hour 7 a. minute 45 P. M.

21. I hereby certify that I attended the deceased from June 24, 1947 to June 27, 1948; that I last saw her alive on June 25, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pulmonary Edema	5 days
Due to Myocarditis chronic,	
Due to Senile Arteriosclerosis	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: None
Of operations
Of autopsy

PHYSICIAN — Underline the cause of which death should be charged statistically.

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? (e) Means of injury

23. Signature Bennett R. Wood M.D. (M. D. or other)

Address 3442 Geraldine St. Louis Mo. Date signed 6-28-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 Joseph L. Linders

Licensed Embalmer No. 4275

P. O. Address St. Louis Mo

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

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