

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

Do not use this space.

2358

1. PLACE OF DEATH

County St. Louis Registration District No. 784
 Township St. Ferdinand Primary Registration District No. 6030
 City Jennings Rd. (No. 8931) St. _____ Ward _____

2. FULL NAME

Johanne Riemann
 (a) Residence. No. _____ St. _____ Ward. _____
 (Usual place of abode) (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** Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED
 HUSBAND OF (OR) WIFE OF Fredorik Riemann
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 5 1841
7. AGE
 YEARS 86 MONTHS 1 DAYS 26
 If LESS than 1 day, _____ hrs. or _____ min.

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

9. BIRTHPLACE (CITY OR TOWN) Germany
 (STATE OR COUNTRY)

10. NAME OF FATHER Wm Brotzahn
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany
 (STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany
 (STATE OR COUNTRY)

14. INFORMANT Edward Riemann
 (Address) 8931 Jennings Rd.

15. FILED Feb 4 1928
J. V. Schuck REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 3/28, 1928
17. I HEREBY CERTIFY That I attended deceased from Sept 17th, 1925, to Jan 3/28, 1928
 that I last saw her alive on Jan 3/28, 1928, and that death occurred, on the date stated above, at 11:40 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Interstitial Nephritis

CONTRIBUTORY (SECONDARY) Mitral Regurgitation
 (duration) 3 yrs. 6 mos. — ds.
 (duration) 3 yrs. — mos. — ds.

18. WHERE WAS DISEASE CONTRACTED? At home
 IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? No DATE OF _____
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical
 (Signed) Dr. Jno. P. Stein, M. D.
2/1/28, 19 (Address) 5636 Robin Ave

*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 New Burleigh
DATE OF BURIAL Feb 2 1928

20. UNDERTAKER Thos H Bidowich
 ADDRESS 1926 N. South St.

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.

1-6-51