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.

19810

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 203 Registered No. 5422

City St Louis Mo. (No. 1827a N. 25 St. ..... St. ..... Ward)

2. FULL NAME Anna K. Maria Teepe

(a) Residence. No. 1827a N. 25 St. St., 20 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 (*write* the word): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): July 8 - 1863

7. AGE: Years 65 | Months 10 | Days 6 | If LESS than 1 day, ... hrs. or ..... min.

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

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

PARENTS
10. NAME OF FATHER: John H. Kramer
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Germany.
12. MAIDEN NAME OF MOTHER: Katherine Meyer
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Germany.

14. INFORMANT: William Teepe
(Address) 1827a N. 25 St.

15. FILED MAY 16 1929 Max C Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): May 14 1929

17. I HEREBY CERTIFY, That I attended deceased from May 8, 1929, to May 14, 1929, that I last saw her alive on May 14, 1929, and that death occurred, on the date stated above, at 2:21 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar Pneumonia

101 (duration) ..... yrs. ..... mos. 9 ds.

CONTRIBUTORY (SECONDARY) ..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? —
DID AN OPERATION PRECEDE DEATH? NO DATE OF —
WAS THERE AN AUTOPSY? NO
WHAT TEST CONFIRMED DIAGNOSIS? None

(Signed) M. D. Jennings, M. D
May 15, 1929 (Address) 4101 Washington Blvd.

*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: Zons. DATE OF BURIAL: May 17 1929

20. UNDERTAKER: Hy Leidner Und Co ADDRESS 1417 N. Market St.