

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**

8221
Do not use this space.

REC'D APR 12 1939

1. PLACE OF DEATH

(a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1003**
 (c) City: Saint Louis, Missouri. (d) Street No. 3154 Arkansas Ave. Registered No. **1986**
 (If death occurred in Hospital or Institution, write its name instead of street and number) St.
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Anna M. Riemann

(a) Residence, No. 3154 Arkansas Ave. St. 16
 (Usual place of abode, if no street address, write county or city) (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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George A. Riemann

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 22nd, 1863.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 7 9

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home
 9. Industry or business in which work was done, as 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) Saint Louis, Missouri
 (STATE OR COUNTRY)

FATHER 13. NAME John Soehlin

14. BIRTHPLACE (CITY OR TOWN) Unknown
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) Unknown
 (STATE OR COUNTRY)

17. INFORMANT Mathew A. Riemann
 (ADDRESS) 3154 Arkansas

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Missouri Crematory DATE March 4th, 1939

19. FUNERAL DIRECTOR (NAME) Ziegenfuss Bros.
 (ADDRESS) 2623 Cherokee Street.

20. FILED MAR 2 1939 J. B. Brudick Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 1st, 1939.

22. I HEREBY CERTIFY That I attended deceased from Feb. 25, 1939, to March 1, 1939
 I last saw her alive on March 1, 1939 Death is said to have occurred on the date stated above, at 12:45 P.M.
 The principal cause of death and related causes of importance were as follows:

Cerebral Apoplexy (non-traumatic) Date of onset 3/1/39
Chronic Myocarditis
Arterio-sclerosis
 Other contributory causes of importance: ?

Name of operation None Date of operation
 What test confirmed diagnosis Clinical & Physical Exam NO.

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no Date of injury
 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 George Epp M. D.
 (Signed) J. B. Brudick
 (Address) 337 1315 So. Grand

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.....

V. E. Morris

Licensed Embalmer No. 3360

P. O. Address 2623 Cherokee Street.

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

If this body is not embalmed, above space should be left blank.