

FILED MAY 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14034

State File No. _____
Registrar's No. 3609

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|--|--|---|--|--|---|--|--|---|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. 318 | | PRIMARY REG. DIST. NO. 1003 | | State File No. _____ | | Registrar's No. 3609 | | | |
| 1. PLACE OF DEATH a. COUNTY _____ | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): a. STATE Mo b. COUNTY _____ | | | | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis | | | c. LENGTH OF STAY (In this place) _____ | | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis | | | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 4453 Taft | | | | d. STREET ADDRESS 4453 Taft (If rural, give location) | | | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Anna | | | b. (Middle) T | | | c. (Last) Niemann | | | 4. DATE OF DEATH (Month) (Day) (Year) April 20, 1949 | | |
| 5. SEX female | | 6. COLOR OR RACE white | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed | | 8. DATE OF BIRTH March 11, 1868 | | 9. AGE (In years last birthday) 81 | | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HRS. Hours _____ Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home | | | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | | 11. BIRTHPLACE (State or foreign country) St Louis, Mo. O | | | 12. CITIZEN OF WHAT COUNTRY? _____ | | |
| 13a. FATHER'S NAME Bernard Fritz | | | | 13b. MOTHER'S MAIDEN NAME Christina Weldi | | | 14. NAME OF HUSBAND OR WIFE _____ | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) | | | 16. SOCIAL SECURITY NO. _____ | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mathilda Bachmann 4453 Taft | | | | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c). *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) left ventricular heart failure ANTECEDENT CAUSES DUE TO (b) Hypertension DUE TO (c) Arteriosclerosis, Generalized. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 97 | | | | | | | | INTERVAL BETWEEN ONSET AND DEATH 6 hours 8 years 8 years | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION 443X | | | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) _____ | | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____ | | | | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____ | | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? _____ | | | | | | |
| 22. I hereby certify that I attended the deceased from 4-8, 1948 , to 4-20, 1949 , that I last saw the deceased alive on 4-19, 1949 , and that death occurred at 5:30 P.m. , from the causes and on the date stated above. | | | | | | | | | | | |
| 23a. SIGNATURE (Degree or title) Dr. H. J. Jorman M.D. | | | | 23b. ADDRESS 9436 Gravois | | | | 23c. DATE SIGNED 4-21-49 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) burial | | 24b. DATE 4/22/49 | | 24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park | | | 24d. LOCATION (City, town, or county) (State) St. Louis County, Mo. | | | | |
| DATE REC'D BY LOCAL REG. APR 22 1949 | | REGISTRAR'S SIGNATURE J. B. Lassiter | | | 25. FUNERAL DIRECTOR'S SIGNATURE J. L. Ziegenhein & Sons | | ADDRESS 7027 Gravois | | | | |

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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6092

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed W. M. Peterson

Licensed Embalmer No. 3637

P. O. Address 2027 Harris

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.