

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

Do not use this space.
35010

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**

File No.
Registered No. **10158**
St. Ward)

2. FULL NAME

City **St. Louis** (No. **City 106614**)
(a) Residence. No. **612 E 6** St., **22** Ward.

(Usual place of abode) (if nonresident give city or town and State)
Length of residence in city or town where death occurred **20** yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

male | **White** | **Single**

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **June 25 1885**

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

42 | **4** | **13**

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **Laborer.**
(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) **Austria**

10. NAME OF FATHER **Joseph Knock**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) **Austria**

12. MAIDEN NAME OF MOTHER **Mary Nerhaus**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) **Austria**

14. INFORMANT (Address) **E. Roman City 106614**

15. FILED **11 13 1927** **Maulb Starckoff** REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Nov 7 1927**

17. I HEREBY CERTIFY, That I attended deceased from **Nov 15 1927**, to **Nov 7 1927** that I last saw him alive on **Nov 7 1927**, and that death occurred, on the date stated above, at **8:20 p.m.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bilateral pneumonia
153A

CONTRIBUTORY (SECONDARY) **1310A**

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH..... DATE OF.....

WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) **Johnston**, M. D.
11/8 1927 (Address) **City 106614**

*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 Pictet's Cem.** DATE OF BURIAL **Nov 13 1927**

20. UNDERTAKER **E. J. Schur** ADDRESS **3125 Lafayette av.**

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.

Track.