

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. 791
 Township St. Louis Primary Registration District No. 1003
 City St. Louis (No. Lutheran Hospital) St. _____ Ward _____
 Registered No. 8237

2. FULL NAME

(a) Residence. No. Glencoe Mrs. R-17 St. 24 Ward. Glencoe Mrs. R-17
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred 0 yrs. 0 mos. 6 da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Laura W. Knappmeier
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr. 24 - 1859
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, ____ hrs. or ____ min.
69 | 3 | 18

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

9. BIRTHPLACE (CITY OR TOWN) St. Louis
 (STATE OR COUNTRY) Mo.

10. NAME OF FATHER Christ W. Knappmeier

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____
 (STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Elizabeth Dierker

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
 (STATE OR COUNTRY) Germany

14. INFORMANT Harry Knappmeier
 (Address) Glencoe Mrs. R-17

15. AUG 13 1928 FILED _____ REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 12 - 1928
 17. I HEREBY CERTIFY That I attended deceased from Aug 9th 1928 to Aug 12th 1928
 that I last saw him alive on Aug 18th 1928, and that death occurred, on the date stated above, at 9:10 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
11 Broncho-pneumonia
107A
 (duration) ____ yrs. ____ mos. 7 da.
 CONTRIBUTORY (SECONDARY) La Grippe
 (duration) ____ yrs. ____ mos. 10 da.

18. WHERE WAS DISEASE CONTRACTED _____
 IF NOT AT PLACE OF DEATH.....
 DID AN OPERATION PRECEDE DEATH? No DATE OF _____
 WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? Physiological
 (Signed) Joseph David M. D.
Aug 13 1928 (Address) Century Bldg
 *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 Bethel Cem. Pond, Mo. DATE OF BURIAL Aug 15 - 1928

20. UNDERTAKER Wm. Schrader & Son ADDRESS Ballwin, Mo.

WRITE PLAINLY, WITH UNFADING INK...THIS IS A PERMANENT RECORD

R. 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.

