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

Do not use this space.

12756

1. PLACE OF DEATH

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

Township ..... Primary Registration District No. 1003 Registered No. 3292

City St. Louis Mo (No. 10033 Riverview Drive St. ..... Ward)

2. FULL NAME Mary Knickmeyer

(a) Residence. No. 10033 Riverview St., 8 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): Widowed.

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF: the late Charles Knickmeyer

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan - 9th 1852

7. AGE: Years 77 | Months 2 | Days 5 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housework
(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) St. Louis Mo.

PARENTS

10. NAME OF FATHER: Conrad Sprick
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Not Known
12. MAIDEN NAME OF MOTHER: Elizabeth Nirge
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Not Known.

14. INFORMANT: Miss Knickmeyer
(Address) 10033 Riverview Drive

15. FILED ..... 19..... Max C Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 14th 1929

17. I HEREBY CERTIFY, That I attended deceased from Mar. 8, 1929 to Mar. 14, 1929 that I last saw her alive on Mar. 14, 1929 and that death occurred, on the date stated above, at 3 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar Pneumonia

108

(duration) ..... yrs. ..... mos. 6 ds.

CONTRIBUTORY (SECONDARY) 101a

(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? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) S. A. Van Hoefen, M. D

3/15, 1929 (Address) 8313 Halls Ferry

*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: St. Johns Cemetery North
DATE OF BURIAL: March 16 1929

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