

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. 79
Township..... Primary Registration District No. 100
City St. Louis (Near 3666 Winton St.)

File No. 12827
Registered No. 3367
St. Ward)

2. FULL NAME

Carrie Knackstedt

(a) Residence. No. St. 1 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-OR (OR) WIFE OF Christ Knackstedt

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 16, 1849

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or ... min.
80 — 1

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At Home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Minden
(STATE OR COUNTRY) Germany

10. NAME OF FATHER Gottlieb Minders

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Geo. Knackstedt
(Address) 3666 Winton St.

15. FILED APR 18 1929 REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 17 1929

17. I HEREBY CERTIFY, That I attended deceased from 3/12, 1929, to 3/17, 1929, that I last saw her alive on 3/12, 1929, and that death occurred, on the date stated above, at 10 15 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis
430
1180

(duration) Indefinite yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

Cardalgia
(duration) 10 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? No DATE OF —
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical only
(Signed) Blair Hoffman, M. D.

3/18, 1929 (Address) 6607 Va. Ave.

*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. Trinity Lutheran DATE OF BURIAL March 20 1929

20. UNDERTAKER W. H. ... ADDRESS 714 ...

