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

Do not use this space.

16120

File No. .....

Registered No. 4152

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. 2843, Victor St. St. ..... Ward)

2. FULL NAME Anna Knehling

(a) Residence. No. 2843 Victor St., 13 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	white	married

5a. IF MARRIED, WIDOWED, OR DIVORCED
~~HUSBAND OF~~ (OR) WIFE OF Ernst Knehling

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 2-16-1858

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	71	1	19	

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) St. Charles
(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER William Hagemann

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

12. MAIDEN NAME OF MOTHER Do not Know

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

14. INFORMANT Ernst Knehling
(Address) 2843 Victor St.

15. APR 8 1929 Filed ..... 19..... Mary C Starkloff Registrar

MEDICAL CERTIFICATE OF DEATH 2

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4-4 1929

17. I HEREBY CERTIFY, That I attended deceased from apr 2, 1928, to apr 4, 1929 that I last saw h~~e~~ alive on apr 4, 1929, and that death occurred, on the date stated above, at 7:15 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acuqua Pectoris
94A
99
..... (duration) ..... yrs. 2 mos. ..... ds.

CONTRIBUTORY (SECONDARY) Arteria Sclerosis
..... (duration) 1 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? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) Edw. Freeman, M. D.
4/6, 1929 (Address) 2924 S Grand Blvd

*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	DATE OF BURIAL
Concordia Cem.	4-4 1929
20. UNDERTAKER	**ADDRESS**
Henry Heier	2223 S. Grand Blvd.

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.

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