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

Do not use this space.

42367

1. PLACE OF DEATH

County ..... Registration District No. 791

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

City St Louis (No. 1824 N. Taylor Ave St. ..... Ward)

File No. ..... Registered No. 12092

2. FULL NAME Catherina Knelange

(a) Residence. No. 1824 N. Taylor Ave St. 11 Ward.
(Usual place of abode)

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.

(If nonresident, give city or town and State)

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 Geo. Knelange

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 6-1868

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
61	2	5	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House work
(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) Ft Louis Mo

PARENTS

10. NAME OF FATHER Herman Osterkamp

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Geo Knelange
(Address) 1824 N Taylor Ave

15. FILED ..... 19 23 Mar 2 Parker REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 11th 1929

17. I HEREBY CERTIFY, That I attended deceased from 14th August, 1924, to Dec 10th, 1929, that I last saw h. alive on Dec 9th, 1929, and that death occurred, on the date stated above, at 12 30 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Aortic Regurgitation

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

CONTRIBUTORY (SECONDARY) Cardiac Asthma

..... (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? No

WHAT TEST CONFIRMED DIAGNOSIS? As above mentioned

(Signed) J. H. Kerckhoff, M. D.

Dec 11th, 1929 (Address) 4607 Easton Av

*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
St Marys Cem. Bridgeton Mo	Dec 13 1929
20. UNDERTAKER Bramschweig Undertaking Co	ADDRESS 4740 Del Ft Louis Mo

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.

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