

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

Do not use this space.

2966

1. PLACE OF DEATH

County Registration District No. 781
Township Primary Registration District No. 1005
City St. Louis (No. City 1005) St. Ward)

File No.
Registered No. 417

2. FULL NAME

(a) Residence. No. 2352a #11 St. 23 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

1. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charles Knack

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 28 - 1883

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>46</u>	<u>10</u>	<u>15</u>	

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

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

10. NAME OF FATHER John Mich

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

12. MAIDEN NAME OF MOTHER Elizabeth Galt

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

14. INFORMANT Edman
(Address) City 1005

15. FILED Jan 14 1930 Wm C. Hawley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 13 31

17. I HEREBY CERTIFY, That I attended deceased from Jan 13 31 to Jan 13 31, 1930, that I last saw him alive on Jan 13 1930, and that death occurred, on the date stated above, at 4:22 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Advanced Pulmon. Tbc.
23A
110A (duration) 7 yrs. mos. ds.

CONTRIBUTOR Operation Thoracoplasty
(SECONDARY) for Pulm. Tuberculosis (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? Yes DATE OF 1/7
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS R. Berg M. D.
(Signed) 1/13 1930 (Address) City 1005

*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 New St. Marcus Cem DATE OF BURIAL 1-16 1930

20. UNDERTAKER Weick Bros 2201 So Grand ADDRESS

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

Knot.