MAR 28 1930

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

Do not use this space.

6280

1. PLACE OF DEATH
County: St Louis — Registration District No.: 1129 — File No.:
Township: 28 Northward — Primary Registration District No.: 8329 E — Registered No.: 24
City: St Louis (No.: Mt St. Rose Hospital St. Ward)

2. FULL NAME: Marguerite E. Knapp
(a) Residence. No.: 3615 Hoffmeister St., 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): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR): January 3 1905

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
25	1	00	

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

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

PARENTS
10. NAME OF FATHER: Joseph Knapp
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Knobun
(STATE OR COUNTRY): Ky
12. MAIDEN NAME OF MOTHER: Elizabeth Ott
13. BIRTHPLACE OF MOTHER (CITY OR TOWN):
(STATE OR COUNTRY): St Louis

14. INFORMANT: Joseph Knapp
(Address): 3615 Hoffmeister St Louis

15. FILED: Feb 4, 1930 L. C. Obrock REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 2-3 1930

17. I HEREBY CERTIFY, That I attended deceased from 10-7-1928, to 2-3, 1930, that I last saw h. er alive on 2-3, 1930, and that death occurred, on the date stated above, at 11:50 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chr. pulmonary Tuberculosis
2.3A
(duration) 2 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Tuberculous pneumonia
(duration) yrs. 3 mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Home
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? yes
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Charles W. Ellers, M. D
Feb. 3, 1930 (Address) 9101 So Broadway

*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 Peter & Paul Cem — DATE OF BURIAL: 2/6 1930
20. UNDERTAKER: O. Hoffmeister & Co — ADDRESS: 7814 S. Broadway

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.