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

Do not use this space.

10555

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 2000 Registered No. 2543

City St Louis Mo (No. ....., 2120 Ann Ave St. ..... Ward)

2. FULL NAME Margaret Kniepmann

(a) Residence. No. ..... 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 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): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Feb 17 1865

7. AGE: Years 65 | Months 0 | Days 24 | If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Aviston Ill

PARENTS
10. NAME OF FATHER: Unknown Coyle
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown

14. INFORMANT (Address): Mary Kniepmann 2120 Ann Ave

15. FILED ....., 19.. Max C Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR): Mar 11 1930

17. I HEREBY CERTIFY, That I attended deceased from March 8, 1930, to March 11, 1930 that I last saw her alive on March 10, 1930, and that death occurred, on the date stated above, at 1.50 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Myocarditis
93A
106B
(duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (SECONDARY): Chronic Bronchitis
(duration) several 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) C S Wyngle, M. D
3-11, 1930 (Address) 2278 S Jefferson

*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: Aviston Ill
DATE OF BURIAL: Mar 14 1930

20. UNDERTAKER: [illegible] Robert
ADDRESS: 1905 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.

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

Dr. C. G. Jungk.