

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

Do not use this space.

11183

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City St. Louis, (No. 2834 Keokuk Street.)

File No.....
Registered No. 3220
St. Ward)

2. FULL NAME

Helena Knese.
(a) Residence. No. 2834 Keokuk Street. St. 24 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widowed.</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Lucas Knese.</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Dec. 9, 1856.</u>		
7. AGE	YEARS <u>73</u>	MONTHS <u>3</u>
	DAYS <u>20.</u>	IF LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At home.
(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)
Germany.

10. NAME OF FATHER Dont Know.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Dont Know.
12. MAIDEN NAME OF MOTHER Dont Know.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Dont Know.

14. INFORMANT Anna Knese
(Address) 2834 Keokuk Street.

15. FILED APR 31 1930 Mar C Stankoff
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3/29 1930
17. I HEREBY CERTIFY, That I attended deceased from 3/28 1930, to 3/29 1930, that I last saw him alive on 3/28/1930 and that death occurred, on the date stated above, at 3:50 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Broncho-pneumonia 3:50 A.M.
92
107A
(duration) yrs. mos. 3 ds.
CONTRIBUTORY myocarditis chronic (SECONDARY) (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? Clinical
(Signed) Walter Jones M. D.
, 19 (Address) 3400 Meramec

*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
SS. Peter & Paul Cemetery. Apr. 1, 19 30.

20. UNDERTAKER ADDRESS
W. Gebken & Co. 2842 Meramec.

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.

31 10 2350

WHITE COPY WITH UNWRAPPING INK—THIS IS A PERMANENT RECORD

