

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

Do not use this space.

37277

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.

U.C.C. 23 1930

1. PLACE OF DEATH

County St. Louis Registration District No. 790
Township Central Primary Registration District No. 0133
City Clayton (No. 7510 Parkdale)

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. #7510 Parkdale 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 29, 1881
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
48 11 22

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) Hamburg
(STATE OR COUNTRY) Germany

10. NAME OF FATHER Frederick Könick
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Marta Umland
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany
(STATE OR COUNTRY)

14. INFORMANT Richard H. Kirisch
(Address) #7510 Parkdale

15. FILED Nov 25, 1930 R. M. Sullivan
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 21, 1930
17. I HEREBY CERTIFY, That I attended deceased from Oct 23, 1930, to Nov 20, 1930.
that I last saw her alive on Oct 29, 1930, and that death occurred, on the date stated above, at 3:15 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
17. Asthma
(duration) — yrs. 9 mos. 9 ds.
CONTRIBUTORY (SECONDARY) Metral Regurgitation
(duration) — yrs. 5 mos. 5 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? DATE OF 3 years ago
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Nelson Hawley, M. D.
Nov 22, 1930 (Address) 5899 Delmar

*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 Valhalla Crem. DATE OF BURIAL Nov 25, 1930

20. UNDERTAKER C. R. Lupton ADDRESS 1449 E. 1st St.

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Recorder office.
Mrs Sullivan.