

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

Do not use this space.

37618

1. PLACE OF DEATH

County..... Registrars District No.....
Township..... Primary Registration District No. 791
City St. Louis (No. 11th and Ferry) 1003 St. Ward)

File No.....
Registered No. 10701
St. Ward)

2. FULL NAME

(a) Residence. No. 1128 Cecilia St., 26 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>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Oct. 12, 1850</u>		
7. AGE	YEARS	MONTHS
	<u>80</u>	
		DAYS
		<u>29</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) Germany
(STATE OR COUNTRY)

PARENTS	10. NAME OF FATHER <u>Not known</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Germany</u> (STATE OR COUNTRY)
	12. MAIDEN NAME OF MOTHER <u>Not known</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Germany</u> (STATE OR COUNTRY)

14. INFORMANT Henry F. Knedel
(Address) 444 1/2 N. Broadway

15. FILED NOV 13 1930 May C. Stanley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 10 1930

17. I HEREBY CERTIFY, That I attended deceased from June 1, 1930, to Nov 10, 1930.
that I last saw him alive on Nov 8, 1930, and that death occurred, on the date stated above, at 8:30 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Endocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) None
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED None
IF NOT AT PLACE OF DEATH.....
DID AN OPERATION PRECEDE DEATH..... DATE OF.....
WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS at Mellies, M. D.
(Signed) Nov 10, 1930 (Address) 3825 N 20

*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 <u>Friedens</u>	DATE OF BURIAL <u>Nov. 14 1930</u>
20. UNDERTAKER <u>Math. Hermann and Son</u>	ADDRESS <u>216 E. Fair On.</u>

PROPERTY OF THE MISSOURI STATE BOARD OF HEALTH - 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.

