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

Do not use this space.

19620

1. PLACE OF DEATH

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

Township ..... Primary Registration District No. 1009 Registered No. 5583

City St. Louis Mo. (No. Missouri Baptiste Sanitarium St. ..... Ward)

2. FULL NAME Barlett Knickerbocker

(a) Residence. No. 3623@ Gustine Ave. St., 16 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Dorothy Knickerbocker

6. DATE OF BIRTH (MONTH, DAY AND YEAR) January 4th 1900

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
31	4	9	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Manager

(b) General nature of industry, business, or establishment in which employed (or employer) Knickerbocker

(c) Name of employer Moving Co.

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

PARENTS

10. NAME OF FATHER William Knickerbocker

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania

12. MAIDEN NAME OF MOTHER Annie Mills

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

14. INFORMANT Dorothy Knickerbocker
(Address) 3623 Gustine ave

15. FILED 14 1931 19 Max C Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 13th, 1931 19

17. I HEREBY CERTIFY, That I attended deceased from Mch - 11 1931, to May - 13 1931 that I last saw him alive on May 12 - 1931, and that death occurred, on the date stated above, at 2:00P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Post Operative Broncho Pneumonia
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Chronic Cholecystitis and Chronic appendicitis (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? yes DATE OF May - 9 - 31
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) Cleveland Phillips M.D.
May 14, 1931 (Address) 305 Metropolitan Bldg

*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 Oak Grove Cemetery — DATE OF BURIAL May 16 1931

20. UNDERTAKER Hacker Helderle — ADDRESS 2331 S Bdwy

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.