

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

Do not use this space.

29257

**1. PLACE OF DEATH**

County St. Louis Registration District No. 284  
Township St. Ferdinand Primary Registration District No. 6.250  
City Florissant (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_

**2. FULL NAME** MARY KNAUP

(a) Residence, No. FLORISSANT MO. St. 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 <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>March 12<sup>th</sup> 1843</u>		
7. AGE YEARS <u>88</u>	MONTHS <u>5</u>	DAYS <u>22</u>
If LESS than 1 day, _____ hrs. or _____ min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housework</u>		11. Total time (years) spent in this occupation _____
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year) _____		

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY

FATHER 13. NAME Joseph Bonkamp.  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY

MOTHER 15. MAIDEN NAME not known  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY

17. INFORMANT Bernad Knapp  
(ADDRESS) 14230 Leffington Ave St. Louis

18. BURIAL, CREMATION, OR REMOVAL PLACE Sacred Heart Cemetery DATE Aug 6<sup>th</sup> 1931

19. UNDERTAKER Edward W. Gosh...  
(ADDRESS) 3511 N. 14<sup>th</sup> St. St. Louis Mo

20. FILED Aug 3<sup>rd</sup> 1931 Dr. Carl J. Reaugh  
Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July Aug 3 1931

22. I HEREBY CERTIFY, That I attended deceased from July 29, 1931, to Aug 3, 1931.  
I last saw h-etc. alive on Aug 2<sup>nd</sup>, 1931. Death is said to have occurred on the date stated above, at 12:45 p.m.  
The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage  
82A  
J. J. Williams  
Other contributory causes of importance \_\_\_\_\_

Date of onset 7-23-31

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify \_\_\_\_\_  
(Signed) J. J. Williams, M. D.  
(Address) Florissant Mo

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.

20 1931

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10