

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

Do not use this space.

1. PLACE OF DEATH

County
Township
City *St. Louis Mo*

Registration District No. *701*
Primary Registration District No. *1000*
2120 Ann Ave

File No. *21392*
Registered No. *5951*
St. Ward)

2. FULL NAME

(a) Residence, No. St. *131* Ward.

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Male</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Widow</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>April 14 1864</i>		
7. AGE	YEARS <i>68 3/4</i>	MONTHS <i>2</i>
	DAYS <i>10</i>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Laborer 58</i>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>St. Louis Casket Co</i>	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>German town Ill</i>		
FATHER	13. NAME <i>George Kniefman</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Ann Arbor Mich</i>	
MOTHER	15. MAIDEN NAME <i>Unknown</i>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Unknown</i>	
17. INFORMANT (ADDRESS) <i>Mary Kniefman 2120 Ann Ave</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Arson Hill</i> DATE <i>6-27</i> 19 <i>32</i>		
19. UNDERTAKER (ADDRESS) <i>John Robert 908 S Grand St</i>		
20. FILED <i>JUN 25 1932</i> <i>Wm C Stover</i> Registrar		

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *June 24 1932*

22. I HEREBY CERTIFY That I attended deceased from *May 7* 19*31*, to *June 23* 19*32*

I last saw her alive on *June 23* 19*32* Death is said to have occurred on the date stated above, at *7:10 a.m.*

The principal cause of death and related causes of importance were as follows:
Chronic myocarditis Date of onset *(?)*
930
97
Other contributory causes of importance:
Arteriosclerosis *(?)*

Name of operation *no* Date of

What test confirmed diagnosis? *Clinical* Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?

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 *Joseph L. Ferris*, M. D.
(Signed) *Joseph L. Ferris* (Address) *4209 Virginia Ave*

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.

