

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

Do not use this space.

27579

**1. PLACE OF DEATH**

County..... Registration District No. **701**  
Township..... Primary Registration District No. **702**  
City **St. Louis** (No. **St. Anthony's Hosp**)

File No.....  
Registered No. **7394**  
St. .... Ward)

**2. FULL NAME**

**Minnie Knippenberg**  
(a) Residence, No. **5858 Novelt** St. **14** Ward.

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 **F** 4. COLOR OR RACE **W** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Henry Knippenberg**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Sept 6 - 1894**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
**57 10 15**

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **At home**

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **235**

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation **17 9**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis**

13. NAME **Wm Franz**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Not known**

15. MAIDEN NAME **Not known**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Not known**

17. INFORMANT (ADDRESS) **Etta Knippenberg 5858 Novelt**

18. BURIAL, CREMATION, OR REMOVAL PLACE **New St. Marcan** DATE **8-13-1932**

19. UNDERTAKER (ADDRESS) **John Bugenham 7022**

20. FILED **AUG 12 1932** Registrar

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Aug 11 1932**

22. I HEREBY CERTIFY, That I attended deceased from **Aug 5 1932**, to **Aug 11 1932**

I last saw him alive on **Aug 11 1932** Death is said to have occurred on the date stated above, at **4:00** p.m.

The principal cause of death and related causes of importance were as follows:

**Surgical Shock following an operation for a very large Ventral Hernia**

Other contributory causes of importance: **myocarditis chronic**

Name of operation **Ventral or umbilical Hernia** Date of **Aug 9 1932**

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

23. If death was due to external causes (violence), fill in also the following: accident, suicide, or homicide? **no** 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? If so, specify..... (Signed) **A. J. Henry** M. D.

(Address) **2838 S Grand Bl**

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.

W-OR-Y Henry 2838 - S Grand La 0668 -

