

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.

SEP 26 1933

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

Do not use this space.

27892

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City.....

(No. City Hospital)

File No. 27892

Registered No. 6938

St. Ward)

2. FULL NAME

(a) Residence, (No. 1919 a St. Taylor 11

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. abt. 35 ? ?

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman
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)
11. Total time (years) spent in this occupation

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

13. NAME George Knechtel
14. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY)

15. MAIDEN NAME Catherine Oster
16. BIRTHPLACE (CITY OR TOWN) Florissant Mo. (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Hosp Inf M. West City Hosp.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Marys Bridgeton Mo. DATE Aug 17, 1933

19. UNDERTAKER (ADDRESS) Bronschweig Und. Co. 1700 W. Fairview

20. FILED 11 1933 19 J. F. Bledeck Registrar

3. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 9, 1933

22. I HEREBY CERTIFY, That I attended deceased from 8-6, 1933, to 8-9, 1933.

I last saw him alive on 8-9, 1933. Death is said to have occurred on the date stated above, at 7:45 P. M.

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

Multiple Cerebral Hemorrhages
Brain Tumor (Type undetermined)
131
55D
Other contributory causes of importance:
Chronic Vascular Renal Disease
8-6-33 +
8-6-33 +
8-6-33 +

Name of operation..... Date of.....
What test confirmed diagnosis? Clinical & 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?
If so, specify.....

(Signed) Arthur A. Hines, M. D.
(Address) City Hospital

