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.

NOV 10 1933

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

Do not use this space.

34550

File No. .....

Registered No. 8706

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1013

City St Louis (No. 8312, Water st. St. ..... Ward)

2. FULL NAME Clara Knapp

(a) Residence, No. ..... St., ... 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)
Female	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 2 1863

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	70	9	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home 87A

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 91

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) Saxony Germany 10

FATHER

13. NAME Unavailable

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 10

MOTHER

15. MAIDEN NAME Unavailable

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 10

17. INFORMANT Mrs. H. Boucher
(ADDRESS) 8312 Water st.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Odd Fellows Cem. DATE Oct. 7 1933

19. UNDERTAKER C. Hoffmeister Fu. L. Co.
(ADDRESS) 7814 So. Broadway

20. FILED OCT 7 1933 19 J. Briedeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 4 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct. 29 1933 to Oct. 4th 1933

I last saw her alive on Oct. 4th 1933. Death is said to have occurred on the date stated above, at 10:45 A.m.

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

	Date of onset
Cerebral apoplexy	10-2-33
8 other contributory causes	
91 Arterio Sclerosis ~~Cause~~	1-1-33

Other contributory causes of importance: 8 (A)

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

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) Joseph Hardy, M. D.

(Address) 7602 S. Broadway St Louis

Tuesday