

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

Do not use this space.

1. PLACE OF DEATH

County _____
Township _____
City _____ (No. _____)

Registration District No. **791**
Primary Registration District No. **1003**

File No. **22018**
Registered No. **5769**
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. **2715 S. 10th St.** St. **23** Ward.

(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 **M** 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 **Theodore Knorr**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Sept 30 1896**

7. AGE YEARS **37** MONTHS **8** DAYS **8** If LESS than 1 day, hrs. or min.

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

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

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) **St. Louis Mo.**

13. NAME **Oscar Heingel**

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

15. MAIDEN NAME **Emmy Stein**

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

17. INFORMANT (ADDRESS) **Way of City Hosp**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Funerary Co.** DATE **June 17 1934**

19. UNDERTAKER (ADDRESS) **Ziegenfuss, 600 S. 10th St.**

20. FILED **June 17 1934** **J. Bredeck** Registrar.

4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **6/8 1934**

22. I HEREBY CERTIFY, That I attended deceased from **5/17 1934** to **6/8 1934**

I last saw him alive on **6/8 1934**. Death is said to have occurred on the date stated above, at **8:30 a.m.**

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

**Hyperthyroidism
Post-operative
hemorrhage from
operative wound**

Other contributory causes of importance: **Myocarditis, chronic**

Name of operation **Thyroidectomy** Date of **6/8/34**

What test confirmed diagnosis? **B.M.R.** 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? **No**
If so, specify _____
(Signed) **A. Howard Reed**, M. D.
(Address) **City Hospital**

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.

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