

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

SEP 16 1935

Do not use this space.

27911

1. PLACE OF DEATH

County..... Registration District No. **1003**
 Township..... Primary Registration District No.....
 City St. Louis (No. 5924, Latus Ave)..... St. Ward)

File No.....
 Registered No. **6965**

2. FULL NAME

Anna Knoll
 (a) Residence, No. 5924 Latus Ave St. 6 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Adam Knoll

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 15, 1854
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
80 11 0

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
 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) Fredericktown Missouri

FATHER
 13. NAME Don't know
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

MOTHER
 15. MAIDEN NAME Don't know
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT (ADDRESS) Mrs. Louis Ahlefeldt 5924 Latus Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Resurrection Cem. DATE August 17, 1935

19. UNDERTAKER (ADDRESS) Geo. L. Pleitach Inc. 5966 Eastern Ave.

20. **Aug 16 1935** 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 15, 1935

22. I HEREBY CERTIFY, That I attended deceased from 8-12-35 to 8-15-35, 1935
 I last saw her alive on 8-15-35, 1935. Death is said to have occurred on the date stated above, at Latus Ave.
 The principal cause of death and related causes of importance were as follows:

Lober pneumonia Date of onset 8-8-35

Other contributory causes of importance:
Old tuberculosis 1925
Diabetes Mellitus 1920
Chronic bronchitis 1923

Name of operation..... Date of.....
 What test confirmed diagnosis? Chemical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? L Date of injury..... 19.....
 Where did injury occur? L (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) Ray Johnson, M. D.
 (Address) 4 Ferguson

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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Benjamin, Mo.

8.30 to 9.30