

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.

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

Do not use this space.

SEP 16 1935

791
1003

28019

1. PLACE OF DEATH

County Registration District No.
Township Primary Registration District No.
City St. Louis, Mo. (No. St. Anthony Hospital) St. 7098 Ward)

2. FULL NAME

Jean Knese
(a) Residence, No. 3700 Texas Avenue St. 24 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 16, 1935.
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
5

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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) (STATE OR COUNTRY) St. Louis, Mo.

13. NAME Victor Knese

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

15. MAIDEN NAME Florence Graef

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

17. INFORMANT (ADDRESS) Victor Knese
3700 Texas Avenue

18. BURIAL, CREMATION, OR REMOVAL SS. Peter & Paul Cem. DATE Aug. 22, 1935.

19. UNDERTAKER (ADDRESS) J. H. Hebbken and Co
2842 Meramec Street

20. FILED AUG 22 1935 J. P. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from 8/16 1935 to 8/21 1935

I last saw him alive on 8/21 1935 Death is said

to have occurred on the date stated above, at 1557 m.

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

Pneumonia Date of onset

(8 mo)

Other contributory causes of importance:

159

Name of operation Date of

What test confirmed diagnosis Was there an autopsy?

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 Joseph L. Berry

(Signed) Joseph L. Berry, M. D.

(Address) 4209 Vergennes

