JAN 13 1936

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

Do not use this space.

38098

791

1. PLACE OF DEATH

County ..... Registration District No. 1003 File No. 10122

Township ..... Primary Registration District No. ..... Registered No. .....

City St. Louis Mo (No. City Infirmary St. ..... Ward)

2. FULL NAME David Knuth

(a) Residence, No. 5-8 00 Arsenal St., Hospital Ward. 13
(Usual place of abode) City Infirmary (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 6 yrs. 2 mos. 2 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): Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan 13-1868

7. AGE: ~~1868~~ YEARS 67 MONTHS 9 DAYS 20 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer
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): Germany

FATHER

13. NAME: Thomas Knuth
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER

15. MAIDEN NAME: Maggie Risch
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): E. Malony 5 8 00 Arsenal Str

18. BURIAL, CREMATION, OR REMOVAL
PLACE Washington U DATE 11-12 1935

19. UNDERTAKER (ADDRESS): Walter Richter 3500 Rutger St

20. FILED DEC -2 1935 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov-3 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 22, 1927, to Nov-3, 1935

I last saw him alive on Nov-3, 1936 Death is said to have occurred on the date stated above, at 7:55 a.m.

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

Bronchopneumonia — Date of onset

95b

Other contributory causes of importance:

Arteriosclerotic heart disease

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 .....

(Signed) Smith C.E., M. D.

(Address) Isolation Hospital St Louis, Mo

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.