JAN 13 1936

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

Do not use this space.

41429

File No. ____
Registered No. 10653

1. PLACE OF DEATH

County ____ Registration District No. 791
Township ____ Primary Registration District No. 1003
City St Louis (No. Lutheran Hospital St. ____ Ward)

2. FULL NAME Minnie Knittel

(a) Residence, No. 20 Benton Place St., 22 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	Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 7th 1856

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
79	10	8	

OCCUPATION

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

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) St Louis (STATE OR COUNTRY) Mo

FATHER

13. NAME Michael Armbruster

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

MOTHER

15. MAIDEN NAME Dont Know

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

17. INFORMANT Elizabeth Stolte (ADDRESS) 20 Benton Place

18. BURIAL, CREMATION, OR REMOVAL PLACE St Pauls Church yard DATE Dec. 18th, 1935

19. UNDERTAKER Weick Bros (ADDRESS) 2201 So Grand Blvd

20. FILED DEC 27 1935, 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 16, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 11, 1935, to Dec 16, 1935

I last saw h~~er~~ alive on Dec 15, 1935. Death is said to have occurred on the date stated above, at 6:30 a. m.

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

	Date of onset
Diabetes Mellitus	??
59	
Other contributory causes of importance:	
Cerebral sclerosis	??
Chron Myocardit	
Diabetic Gangrene of Foot	11/1/35

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? No

If so, specify ____

(Signed) William Hemker, M. D.

(Address) 1395 Mississippi

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.

THIS CERTIFICATE WHEN FILED BECOMES A PERMANENT RECORD