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.

APR 25 1936

1. PLACE OF DEATH

County St. Louis — Registration District No. 789 — File No. 12324

Township Central — Primary Registration District No. 6033 — Registered No. 104

City ..... (No. 6208 Lenox ..... St. ..... Ward)

2. FULL NAME BERTHA KNAB

(a) Residence, No. 6208 Lenox St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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)
F	W	Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mathew Knab

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 7, 1863

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
62	11	20	

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.

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.

FATHER

13. NAME John Dolde

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

MOTHER

15. MAIDEN NAME Elizabeth Kuptmeyer

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

17. INFORMANT (ADDRESS) Mrs. Bertha Sutter 6208 Lenox

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Peters Cem. DATE March 31, 1936

19. UNDERTAKER (ADDRESS) MULLEN BROS. 4259 Lindell Blvd.

20. FILED 3-30- 1936 H A Boehmer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-28-, 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar. 27-, 1936, to Mar. 28-, 1936

I last saw her alive on Mar. 28, 1936. Death is said to have occurred on the date stated above, at 8 P m.

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

	Date of onset
Apoplexy	3.27.36
Other contributory causes of importance:	
Mitral Heart Lesion	6 yrs

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... 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? .....

If so, specify .....

(Signed) T. R. Ayars, M. D.

(Address) 607 N. Grand Bl

$$\begin{array}{r} 21 \\ 9 \\ \hline 12 \end{array}$$