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.

JUN 5 1936

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

Do not use this space.

791

17961

1. PLACE OF DEATH

County ..... Registration District No. 1003 File No. 4788

Township ..... Primary Registration District No. ..... Registered No. 4788

City St Louis Mo (No. ....., Sanitarium St. ..... Ward)

2. FULL NAME Harry Bannemann

(a) Residence, No. 1012 Chouteau St., 22 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 48 yrs. 1 mos. 28 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: McKnown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mar. 1, 1888

7. AGE: YEARS 48 | MONTHS 1 | DAYS 28 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Janitor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Janitor
10. Date deceased last worked at this occupation (month and year): April 1927
11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St Louis Missouri

FATHER

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

MOTHER

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

17. INFORMANT (ADDRESS): Herbert P Smith M.D. 5400 Arsenal St

18. BURIAL, CREMATION, OR REMOVAL
PLACE New St. Marcus DATE May-1, 1936

19. UNDERTAKER (ADDRESS): J. H. Gebken L & U Co. 2842 Meramec St.

20. FILED MAY 1 1936 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Apr 29, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 1st, 1930, to Apr 29, 1936
I last saw him alive on Apr 28, 1936 Death is said to have occurred on the date stated above, at 4:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Epilepsy	July 1930
Other contributory causes of importance: Pulmonary Edema (Secondary)	Apr 28/36

Name of operation: None Date of .....
What test confirmed diagnosis? Clin Was there an autopsy? Yes

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: None
Nature of injury: .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) Herbert P Smith M.D., M. D.
(Address) 5400 Arsenal St