

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

Do not use this space.

JUN 6 1936

791

21372

1. PLACE OF DEATH

County.....

Registration District No.....

1003

File No.....

Township.....

Primary Registration District No.....

Registered No.....

5603

City St. Louis Mo (No. Josephine Heitkamp Hospital)

Ward.....

2. FULL NAME

Mary Knesel

(a) Residence, No.....

(Usual place of abode)

2824A St. Vincent av 23

(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~~ married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wm Knesel

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 31 - 1859

7. AGE YEARS 77 MONTHS 3 DAYS 27 If LESS than 1 day, hrs. or min.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. housewife

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) Missouri

13. NAME John Wortmann

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

15. MAIDEN NAME Catherine Knesel

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

17. INFORMANT M Wm Knesel (ADDRESS) 2824A St Vincent

18. BURIAL, CREMATION, OR REMOVAL PLACE S. S. Peter & Paul DATE May 30 1936

19. UNDERTAKER E. J. Schmur (ADDRESS) 3125 Lafayette av.

20. FILED MAY 28 1936 J. Predeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 27 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 1932, to May 27 1936

I last saw her alive on May 27 1936 Death is said to have occurred on the date stated above, at 1:30 A. M.

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

Intestinal Obstruction (Carcinoma) Date of onset 4 days

Other contributory causes of importance: Myocarditis Chronic

Name of operation Laparotomy Date of 5/26/36

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

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify.....

(Signed) B. Shaukley, M. D.

(Address) 1974 So Jefferson

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.

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