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.

DEC 4 1936

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

Do not use this space.

42412

1. PLACE OF DEATH
County St. Louis Registration District No. 789
Township NORMANDY Central Primary Registration District No. 6033
City (No. 2943 Clearview Dr. St. Ward)

File No.
Registered No. 313

2. FULL NAME HENRY KNICKMEYER
(a) Residence, No. 2943 CLEARVIEW DRIVE St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 55 yrs. — mos. — 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): MARRIED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): MAY 13, 1866

7. AGE: YEARS 70 | MONTHS 5 | DAYS 18 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: REALTOR
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: PRES. KNICKMEYER & FLEER REALTY & INV. CO.
10. Date deceased last worked at this occupation (month and year): SEPT. 1935
11. Total time (years) spent in this occupation: 12 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): WESTPHLIA GERMANY

FATHER
13. NAME: GOTLIEB KNICKMEYER
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): WESTPHLIA GERMANY.

MOTHER
15. MAIDEN NAME: CATHERINE NIEMEYER
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): WEST PHLIA GERMANY

17. INFORMANT (ADDRESS): MRS. LAURA KNICKMEYER 2943 Clearview Drive (BEL-NOR

18. BURIAL, CREMATION, OR REMOVAL
PLACE FRIEDENS Cem. DATE NOV 4 1936

19. UNDERTAKER (ADDRESS): Suedmeyer & Sons 3934 N. 20 St.

20. FILED 11-4- 1936 H. A. Bachmer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): NOV. 1, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 25, 1936, to Nov 1, 1936
I last saw him alive on Oct 31, 1936. Death is said to have occurred on the date stated above, at 5 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis, Chronic	

Other contributory causes of importance:
Cerebral Apoplexy

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) L. H. Hampdman M.D.
(Address) 203 Brannon Bldg

Lieu & Bldg.

MAR 18 1943