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

FEB 8 1937

Do not use this space.

1. PLACE OF DEATH

96 County ..... Registration District No. 791

30 Township ..... Primary Registration District No. 1003

9 City ST. LOUIS (No. PEOPLES HOSPITAL 1 St. ..... Ward)

File No. 3336

Registered No. 367

2. FULL NAME MARY E. KNOWLES

(a) Residence, No. 4618 KENNERLY St., 11 Ward. 1
(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)
FEM	COL	MARRIED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAY 23, 1848

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
~~64~~ 63	7	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSEWORK 9.35

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) (STATE OR COUNTRY) MISS 2

FATHER

13. NAME HENRY ANDERSON

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MISS 2

MOTHER

15. MAIDEN NAME UNKNOWN

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MISS 2

17. INFORMANT (ADDRESS) UHLON DOWD 3127 BELL AVE

18. BURIAL, CREMATION, OR REMOVAL
PLACE Greenwood DATE 1/10 1937

19. UNDERTAKER (ADDRESS) R. M. C. GREEN 3517 LACLEDE AVE

20. FILED FEB 9 1937 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1 — 5, 1937

22. I HEREBY CERTIFY, That I attended deceased from 12 — 16, 1936, to 1 — 5, 1937

I last saw her alive on 1 — 5, 1937. Death is said to have occurred on the date stated above, at 9:30 a.m.

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

	Date of onset
Coronary Occlusion	1-5-37

Other contributory causes of importance:

Chr. Myocarditis

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) Henry C. Hampton, M. D.

(Address) 2340 Lawton Ave