

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City **St. Louis**

(No. **Mo. Baptist Hospital**)

3480
File No. **512**
Registered No. _____
St. _____ Ward _____

2. FULL NAME Mamie Knecht

(a) Residence, No. **4927 Columbia Ave.** St. **13** 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 Female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Eugene Knecht**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Dec. 16th, 1877.**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. min.
59		0	26	

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **235**

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.**

13. NAME **Louis Paul**

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

15. MAIDEN NAME **Elizabeth Herbel**

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

17. INFORMANT **Eugene Knecht**
(ADDRESS) **4927 Columbia Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **New St. Peter's** Jan. 15-1937

19. UNDERTAKER **Wacker-Helderle**
(ADDRESS) **2331 S. Bway**

20. FILED **JAN 13 1937** **J. H. Bredeck**
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **January, 12th, 1937**

22. I HEREBY CERTIFY, That I attended deceased from **1-9**, 1937, to **1-12**, 1937

I last saw her alive on **1-9**, 1937. Death is said to have occurred on the date stated above, **9.15 A.M.**

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

Proximal Pneumonia Date of onset **1-6-37**

Other contributory causes of importance **Asthma**

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? **no**
If so, specify _____
(Signed) **J. S. Shuck** M. D.
(Address) **2500 S. Kings Highway**

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.

