

REC'D MAR 14 1938

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

4535

Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No.....
(b) Township..... Primary Registration District No.....
(c) City..... **St. Louis** (d) Street No..... **St. Anthony's Hospital** St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Mary Knoepp 510

(a) Residence, No. **3211 Ohio Ave.** St. **24**
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 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 **Harry Knoepp**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Dec. 22nd, 1894**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
53 1 7

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Housewife**
9. Industry or business in which work was done, as saw mill, bank, etc.
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) **Canada**

FATHER 13. NAME **Gabriel Mankovick**

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

MOTHER 15. MAIDEN NAME **Unknown**

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

17. INFORMANT **Harry Knoepp**
(ADDRESS) **3211 Ohio Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Sunset B. Park** DATE **Feb. 1st, 1938**

19. FUNERAL DIRECTOR **Wacker-Helderle**
(ADDRESS) **2331 S. Broadway**

20. FILED **FEB 1 1938** **J. Bredeck**
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Jan. 29th, 1938**22. I HEREBY CERTIFY That I attended deceased from **Dec 29** 19**37**, to **Jan 28** 19**38**I last saw h. alive on **Jan 28**, 19**37**. Death is saidto have occurred on the date stated above, at **2.30 A.M.**

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

Sepsis, caused by Escherichia coli, fatal

Date of onset **2 days**

Other contributory causes of importance:

Engorgement of gall bladder, no stones

Name of operation **Ex. of gall** Date of **1-27-38**What test confirmed diagnosis? **Ex. of gall** 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) **Dr. S. P. Ryan**, M. D.(Address) **1803 B. Broadway**

STATEMENT BY LICENSED EMBALMER

I, Robert Wheeler, Licensed Embalmer No. 2128

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. 2128 or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Robert Wheeler
Licensed Embalmer No. 2128

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)