

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

16866

Do not use this space.

1. PLACE OF DEATH ^{SECOND} JUN 12 1939

(a) County Registration District No. **791**
1002

(b) Township Primary Registration District No.

(c) City St. Louis (d) Street No. St. John 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 Bertha K. Knox

(a) Residence, No. 3929 Magnolia St. 17 (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 Ben D.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 22, 1890

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	48	6	18	

OCCUPATION

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

9. Industry or business in which work was done, as 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) Montana

FATHER

13. NAME Peter N. Egger

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

MOTHER

15. MAIDEN NAME Mollie John

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

17. INFORMANT Ben D. Knox
 (ADDRESS) 3929 Magnolia

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Sunset Burial DATE May 13, 1939

19. FUNERAL DIRECTOR (NAME) John L. Ziegenhein & Son
 (ADDRESS) 7027 Gravois Ave

20. FILED MAY 12 1939 J. J. Bredek
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 10 1939

22. I HEREBY CERTIFY, That I attended deceased from March 6 1939 to May 10 1939

I last saw h.e.r. alive on May 10 1939. Death is said to have occurred on the date stated above, at 3:45 P. m.

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

Brain tumor (glioma) malignant Date of onset 5/7/39
Cerebral hemorrhage

Other contributory causes of importance: 54 lb
Hypertension
Pyelitic non calculous cystitis, catarrhal

Name of operation Hysterectomy Fibroids Date of 3/7/39

What test confirmed diagnosis? clinical 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 Pierce W. Powers, M. D.
 (Signed) _____ (Address) 2531 20. Jefferson

(Licensed Embalmer's Statement on Reverse Side)

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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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed *Clarence P. Kidwell*

Licensed Embalmer No. *3877*

P. O. Address *6937^a Grand*

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.)

If this body is not embalmed, above space should be left blank.