

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

Do not use this space.

6216

1. PLACE OF DEATH

County.....

Registration District No.....

791

Township.....

Primary Registration District No.....

1003

City.....

(No.....)

File No.....

Registered No.....

1525

St.....

Ward.....

2. FULL NAME

(a) Residence No.....
 (Usual place of abode)

1577 1/2 St.

5 Ward

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 67 yrs. mos. da.

How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* | 4. COLOR OR RACE *White* | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *Widow*

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *July 5 - 1863*

7. AGE YEARS *67* MONTHS *7* DAYS *5* If LESS than 1 day, ____ hrs. or ____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work *Sawyer*

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) *Mo. Louis*
 (STATE OR COUNTRY)

10. NAME OF FATHER *And Knabmeyer*

11. BIRTHPLACE OF FATHER (CITY OR TOWN) *Germany*
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER *Luise Wilmann*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) *Germany*
 (STATE OR COUNTRY)

14. INFORMANT *R. Marshall*
 (Address) *City of St. Louis*

15. FILED *12* 19 *Mar 6* *Stark*
 REGISTERED

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Feb 10 1926*

17. I HEREBY CERTIFY That I attended deceased from *Feb 2*, 19*26* to *Feb 10*, 19*26*, that I last saw him alive on *Feb 10*, 19*26*, and that death occurred, on the date stated above, at *4-a.m.*

THE CAUSE OF DEATH WAS AS FOLLOWS:

Chronic Myocarditis
Chronic int. nephritis

CONTRIBUTORY (SECONDARY) *General arteriosclerosis*
 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?.....

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?.....

(Signed) *Geo. Stecker*, M. D.

Address *City of St. Louis*

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL *New St Marcus* DATE OF BURIAL *Feb. 13 1926*

20. UNDERTAKER *Hy Leidner and Co. 1417*
 ADDRESS *1417*