

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

Do not use this space.

791
1022

42411

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City St. Louis (No. 3713 North 9th)
St. 2 Ward

File No.....
Registered No. 12318
St. 2 Ward

2. FULL NAME

Wilhelmine Kneemoeller
(a) Residence. No. 3713 N. 9th St., 26 Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 13 yrs. - mos. - ds. How long in U. S., if of foreign birth? 50 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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 16 - 1857

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, hrs. or min.
	<u>74</u>	<u>10</u>	<u>26</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House wife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer at Home

9. BIRTHPLACE (CITY OR TOWN) unknown
(STATE OR COUNTRY) Germany

10. NAME OF FATHER unknown

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

12. MAIDEN NAME OF MOTHER unknown

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

14. INFORMANT Frankie Zimmerman
(Address) 3713 N. 9th St. St. Louis

15. FILED DEC 12 1931 Max C. Harder REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 12, 1931

17. I HEREBY CERTIFY, That I attended deceased from Dec 12, 1931, to Dec 12, 1931
that I last saw him alive on Dec 11, 1931, and that death occurred, on the date stated above, at 3:40 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Metra Regardation

CONTRIBUTORY (SECONDARY) Arterio Sclerosis
(duration) 2 yrs. - mos. - ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

8 DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) Robert Hampton, M. D.

12/12, 1931 (Address) 3403 N 14

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Stanton Illinois Dec 14 1931

20. UNDERTAKER ADDRESS
Wm. Huntman, Stanton

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.

