

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

Do not use this space.

18304

1. PLACE OF DEATH

County Registration District No. File No.
 Township Primary Registration District No. Registered No. **4531**
 City *St. Louis* (No. *1604 Birch Ave.*) St. Ward)

2. FULL NAME

(a) Residence, No. *1604 Birch Ave.*, St. Ward. (If nonresident, give city or town and State)
 (Usual place of abode)

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*) *Widowed*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *May 27 = 1851.*

7. AGE YEARS *81* MONTHS *11* DAYS *24* If LESS than 1 day, hrs. or min.

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

9. Industry or business in which work was done, as silk mill, 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) *Germany*

13. NAME *Barnard Kuehler*

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

15. MAIDEN NAME *Sonit Knopf*

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

17. INFORMANT (ADDRESS) *Mrs. Geo. Mueller, 1604 Birch Ave.*

18. BURIAL, CREMATION, OR REMOVAL *Funerissant Mo. DATE May 24, 1933*

19. UNDERTAKER (ADDRESS) *Jos. M. Clabach, 1125 N. Madison Ave.*

20. FILED *J. F. Bredsch* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 21, 1933*

22. I HEREBY CERTIFY, That I attended deceased from *May 16, 1933* to *May 21, 1933*

I last saw *her* alive on *May 21, 1933*. Death is said to have occurred on the date stated above, at *11:24 a.m.*

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

Bronchopneumonia Date of onset

HA

1070/110

Other contributory causes of importance: *La Grippe*

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

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: *James P. Dougherty, M. D.*

(Address) *1900 Belt Ave.*

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

