

DEC 12 1935

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

Do not use this space.

37997

1. PLACE OF DEATH

County _____
Township _____
City St. Louis

Registration District No. 791
Primary Registration District No. 1003
(No. Missouri Baptist Hospital)

File No. _____
Registered No. 10009
Ward _____

2. FULL NAME

(a) Residence, No. 1110 S 8th St., 22 Ward.

(If nonresident, give city or town and State)

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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Daniel Wernig</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 28 - 1862</u>		
7. AGE	YEARS	MONTHS
	<u>72</u>	<u>10</u>
		DAYS
		<u>28</u>
		If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at Home</u>	
	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) <u>Columbia Mo</u>		
FATHER	13. NAME <u>Fredrick Knieste</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
	15. MAIDEN NAME <u>Unknown</u>	
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
	17. INFORMANT <u>Josephine Wernig</u> (ADDRESS) <u>1110 S 8th St</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St Hope Mausoleum</u> DATE <u>Nov 29</u> 19 <u>35</u>		
19. UNDERTAKER (ADDRESS) <u>Wacker - Helderle</u> <u>2331 Broadway</u>		
20. FILED <u>NOV 29 1935</u> <u>J. F. Bredeck</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 25, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 21, 1935, to Nov 25, 1935.
I last saw her alive on Nov 25, 1935. Death is said to have occurred on the date stated above, at 6 pm.
The principal cause of death and related causes of importance were as follows:
Lobar Pneumonia
Date of onset 5 days

Other contributory causes of importance:
108

Name of operation _____ Date of _____
What test confirmed diagnosis? Phys Ex 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? Yes
If so, specify _____
(Signed) Alan Capron, M. D.
(Address) 508 N. Grand St. Blm.

