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.

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

Do not use this space.

17141

File No. 5116

Registered No.

1. PLACE OF DEATH

County

Township

City St. Louis Mo (No. St. Anthonys Hospital St. Ward)

Registration District No. 791

Primary Registration District No. 1003

2. FULL NAME August G. Knobbe

(a) Residence. No. 2922 Oregon Av St. 24 Ward.
(Usual place of abode) (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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anna M. Knobbe

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 28th 1859

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
67	9	3	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired Dairyman 137
(b) General nature of industry, business, or establishment in which employed (or employer) 59
(c) Name of employer 920

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

PARENTS
10. NAME OF FATHER Bernard Knobbe
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Angela Scherpen
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

14. INFORMANT Harry B. Knobbe
(Address) 2922 Oregon Av

15. FILED JUN -1 1927 19.... Max C Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

5

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 31st 1927

17. I HEREBY CERTIFY, That I attended deceased from 4/6/27, 19..., to 5/31/27, 19..., that I last saw b. alive on 5/31/27, 19..., and that death occurred, on the date stated above, at 12 30 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myocarditis Chronic #103
Hypostatic Pneumonia
59
(duration) 7 yrs. ....mos. ....ds.

CONTRIBUTORY (SECONDARY) Arterio-sclerosis +
Diabetes Mellitus
(duration) yrs. mos. ds.
Operation for Hypetrophied Prostate

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? Yes DATE OF 5/13/27
WAS THERE AN AUTOPSY? None
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Dr. Neil Moore, M. D
, 19 (Address) Frisco Bldg.

*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 St Peter & Pauls C. — DATE OF BURIAL June 3 1927

20. UNDERTAKER J H Gebken L & U. Co — ADDRESS 2628 Gravois Av