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

Do not use this space.

3103

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. F 717

Township ..... Primary Registration District No. 1003 Registered No. F 717

City St Louis (No. ..... St. ..... Ward)

2. FULL NAME Ferdinand B. Knorr

(a) Residence. No. 1712 S 12 St St., 23 Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 63 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
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: Anna Knorr

6. DATE OF BIRTH (MONTH, DAY AND YEAR): about 1862

7. AGE: about 65 YEARS | MONTHS | DAYS | If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) St Louis.
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER: Fred W. Knorr
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown

14. INFORMANT: Bernard A Knorr
(Address) 1712 S 12 St

15. FILED 20 ..., 19..... Max C Starkloff REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Jan 17 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec. 28 1927, to Jan. 17 1928, that I last saw him alive on 11 17 1928, and that death occurred, on the date stated above, at 4 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebr. Apoplexy
Arteriosclerosis
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 74 A
(duration) ..... yrs. ..... mos. ..... ds.

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) J. F. Weinberg, M. D
, 19 (Address) 2000 S. 9th St.

*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: S. S. Peter & Paul | DATE OF BURIAL: Jan 20 1928

20. UNDERTAKER: Wm L. Moydell | ADDRESS: 1926 Allen Ave

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.