

MAR 26 1939

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

Do not use this space.

6234

1. PLACE OF DEATH

County St. LouisRegistration District No. 789Township CentralPrimary Registration District No. 6033BCity St. Louis(No. 1639)Vassier AveFile No. 3-8Registered No. 3-8St. St. Louis Ward

2. FULL NAME

Dora Knarr(a) Residence No. 1609 Ludwig Ave 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

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 OFFred Knarr

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

June 22, 1860

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.6781

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workHousewife(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of Employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Germany

10. NAME OF FATHER

Don't know

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Germany

12. MAIDEN NAME OF MOTHER

Don't know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Germany

14.

INFORMANT

(Address)

Mr. Fred Knarr
1609 Vassier Ave.

15.

FILED

2/24 1939

Wella Dracy M.D.
REGISTRAR

✓

MEDICAL CERTIFICATE OF DEATH

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

Feb 23 1938

17.

I HEREBY CERTIFY, That I attended deceased from Jan 171938 to Feb 22 1938that I last saw h. alive on Feb 22, 1938 and that
death occurred, on the date stated above, at 7:15 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma Liver4 1/2974 1/2

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

arteriosclerosis

(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) Clarence G. Druse, M.D.2/24 1938 (Address) 2330 No Union*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

Memorial Park2-25 1938

20. UNDERTAKER

ADDRESS

Geo. L. Pleitech5943 Eastern

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 PERMANENT RECORD

2330^a Union

F. 5645

3 to 4.30 O m