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.

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

Do not use this space. 7003

1. PLACE OF DEATH

County..... Registration District No. 791 File No. 1971

Township..... Primary Registration District No. 1003 Registered No. 1971

City St. Louis (No. 2436@ S. 3nd. St. ..... Ward)

2. FULL NAME Frank Knebel

(a) Residence. No. 2436a S. 3nd. 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 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Emma Knebel

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 20th. 1862.

7. AGE: 66 Years | Months: 1 | Days: 2 | If LESS than 1 day, ... hrs. or ..... min.

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

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

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

14. INFORMANT: Mrs. Emma Knebel
(Address) 2436a S. 3nd. St.

15. FILED: FEB 23 1928 19.. Mark Starzeoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 22nd. 1928

17. I HEREBY CERTIFY: That I attended deceased from Jan. 12, 1928, to Feb. 21, 1928 that I last saw him alive on Feb. 21, 1928, and that death occurred, on the date stated above, at 10.25 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of Stomach.

41.B 44 (duration) ..... yrs. ..... mos. ..... ds.

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) Rudolph E. Vitt, M. D
Feb. 23, 1928 (Address) 3775 Broadway

*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: New St. Marcus
DATE OF BURIAL: Feb. 25- 1928

20. UNDERTAKER: Wacker-Helderle
ADDRESS: 2331 S. Bdway.