

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

Do not use this space.

**39705**

**1. PLACE OF DEATH**

County Buchanan  
Township \_\_\_\_\_  
City St. Joseph

Registration District No. 85  
Primary Registration District No. 1001  
(No. St Joseph Hospital)

File No. \_\_\_\_\_  
Registered No. 11382  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME Frank Kneib**

(a) Residence. No. 105 North 15 Street St. \_\_\_\_\_ Ward. \_\_\_\_\_  
(Usual place of abode)  
(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 5 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 Lorena Kneib

6. DATE OF BIRTH (MONTH, DAY AND YEAR) January 2, 1877

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
52 11 0

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Retired Farmer  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Buchanan Co.  
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER John Kneib  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown  
(STATE OR COUNTRY) Germany  
12. MAIDEN NAME OF MOTHER Mary Ann McDonald  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown  
(STATE OR COUNTRY) Canada

14. INFORMANT Mrs Lorena Kneib  
(Address) 105 No. 15 St. - St Joseph Mo.

15. FILED 4 1929 John J. [Signature] REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) December 2 19 29

17. I HEREBY CERTIFY, That I viewed remains  
\_\_\_\_\_ 19\_\_\_\_\_, to \_\_\_\_\_ 19\_\_\_\_\_,  
that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_\_, and that  
death occurred, on the date stated above, at 7/45 P m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Fractured right arm, leg and  
several ribs in Auto Accident at  
15th & Fred, Ave St Joseph Mo.

2-10 M (duration) yrs. mos. ds.  
CONTRIBUTORY (SECONDARY) 1880 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH \_\_\_\_\_

0 DID AN OPERATION PRECEDE DEATH? no DATE OF 2/7  
WAS THERE AN AUTOPSY? yes  
WHAT TEST CONFIRMED DIAGNOSIS? Clinical  
(Signed) B. J. Padlock Coroner M.D.  
Dec. 3, 1929 (Address) St Joseph Mo.

\*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 Mount Olivet Cem DATE OF BURIAL Dec. 4 19 29  
20. UNDERTAKER H. C. Sidenfaden ADDRESS 1802 Union St.

WRITE FULL NAME OF DECEASED IN FULL IN SPACES PROVIDED. 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.

