

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

Do not use this space.

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Township..... Primary Registration District No. 791B  
 City St. Louis (No. 3232 Arsenal St.)

File No. 2768  
 Registered No. 206  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Albert Knell  
 (a) Residence. No. 3232 Arsenal St., 16 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 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 Kate Knell

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 8<sup>th</sup> 1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
73 5 29

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Architect  
 (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) Bananda

10. NAME OF FATHER Not Known  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Switzerland  
 12. MAIDEN NAME OF MOTHER Not Known  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Switzerland

14. INFORMANT Mr. R. Knell  
 (Address) 3232 Arsenal St.

15. FILED JAN -7 1930 Wm. C. J. [Signature] REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 6<sup>th</sup> 1930

17. I HEREBY CERTIFY, That I attended deceased from September 28<sup>th</sup> 1929 to Jan. 6<sup>th</sup> 1930  
 that I last saw him alive on July 6<sup>th</sup> 1930, and that death occurred, on the date stated above, at 10<sup>30</sup> a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Carcinoma of prostate  
58P.  
510  
 (duration) 1 yrs.  mos.  ds.

CONTRIBUTORY (SECONDARY) recurrent carcinoma following cholecystectomy (duration) 4 yrs.  mos.  ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH  
 DATE OF OPERATION PRECEDE DEATH? No DATE OF Autopsy  
 WAS THERE AN AUTOPSY? No  
 WHAT TEST CONFIRMED DISEASE? Clujical Lab.  
 (Signed) Wm. C. J. [Signature], M. D.  
1/6 1930 (Address) 3147 S. Jefferson

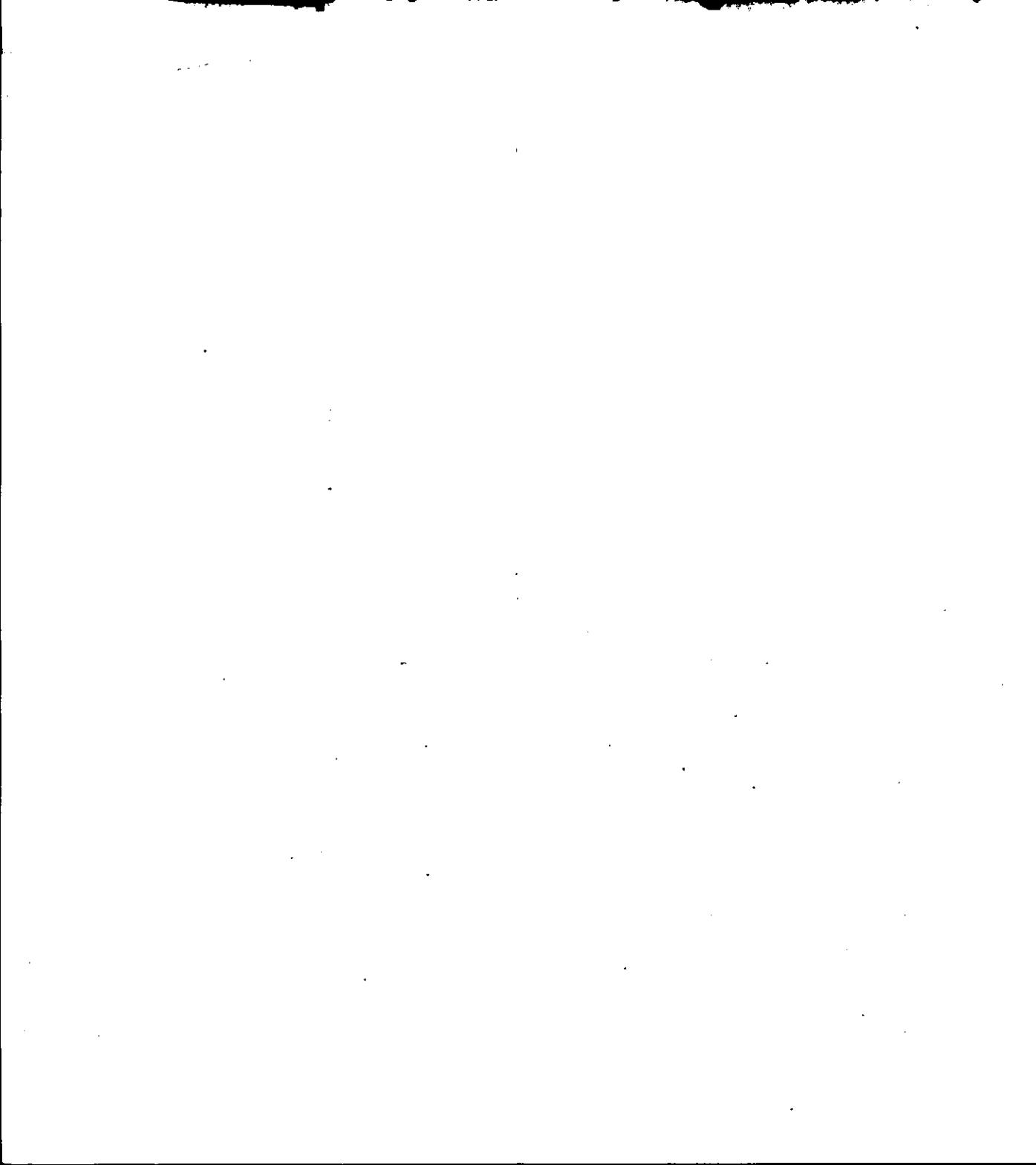
\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL New St. Marcus DATE OF BURIAL Jan 1930

20. UNDERTAKER Wm. Paschedag ADDRESS 2825 Grand

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.

1930  
5  
16



ticular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate: 206

Name: Albert Knell

Who died at: St. Louis Mo on Jan. 6, 1938

Residence: No. \_\_\_\_\_ St. \_\_\_\_\_  
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_

Sex: \_\_\_\_\_ Color or race: \_\_\_\_\_ Single, married, widowed or divorced: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Age: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_

Occupation: (a) Trade \_\_\_\_\_ (b) Industry: \_\_\_\_\_

Birthplace (State or country) \_\_\_\_\_

Birthplace of father (State or country) \_\_\_\_\_

Birthplace of mother (State or country) \_\_\_\_\_

CAUSE OF DEATH: Carcinoma of Prostate

Contributory: Recurrent <sup>Primary</sup> carcinoma following Cholecystectomy.

Where was disease contracted? \_\_\_\_\_

8962-5