

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

Do not use this space.

24651

1. PLACE OF DEATH

County.....

Registration District No. 701

Township.....

Primary Registration District No. 1005

City St. Louis

(No. 3640 Marine Ave.)

File No.
Registered No. 6810
St. Ward)

2. FULL NAME Knoke, William John

(a) Residence. No. 3009 N. Jefferson Ave., St. 70 Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 58 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

May Knoke

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 7, 1873

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

57

4

5

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. None

(b) General nature of industry, business, or establishment in which employed (or employer). Carter Carburator Co

(c) Name of employer when Last Place of Employment

9. BIRTHPLACE (CITY OR TOWN) Int know

(STATE OR COUNTRY) Mo.

10. NAME OF FATHER Fritz Knoke

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Caroline Richman

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Prussia

14. INFORMANT Walter Christian
(Address) 3640 Marine Ave., St. Louis, Mo

15. FILED 13. 1935 May C. Harker REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 12, 1930 19

17. I HEREBY CERTIFY, That I attended deceased from June 19, 1930, 19, to July 12, 1930, 19, that I last saw him alive on July 12, 1930, 19, and that death occurred on the date stated above, at 1:30 PM.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral hemorrhage

(duration) yrs. mos. 23 ds.

CONTRIBUTORY Arteriosclerosis, gen.
(SECONDARY)

(duration) 5 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH Unknown

DID AN OPERATION PRECEDE DEATH? No. DATE OF

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS Physician's examination

(Signed) Edmund T. Sheridan, M. D.

7-12-30 19 (Address) 3640 Marine Ave.,

*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

National Cem 15th 1930

20. UNDERTAKER:

ADDRESS

Provost and Co 3710 N. 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.

