

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

Do not use this space.

16074

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City **St. Louis**

(No. **5017** *Ruskin*)

File No.

Registered No. **4550**

St. Ward)

2. FULL NAME Emelia Frieda Knobler

(a) Residence, No. **5017 Ruskin Ave.** St. **7** 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) **Single**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Oct. 25, 1910.**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
20 5 19

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Asst. Bookkeeper**

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Elder Mfg. Co.**

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis Mo.**

13. NAME **Arthur John Knobler**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Mo.**

15. MAIDEN NAME **Josie Stine**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Mo.**

17. INFORMANT **Arthur Knobler**

(ADDRESS) **5017 Ruskin Ave**

18. BURIAL, CREMATION, OR REMOVAL

PLACE **Hiram Cemetery** DATE **4-16** 19.31

19. UNDERTAKER **Rieckhauser and Co**

(ADDRESS) **4228 W. Kingshighway Blvd**

20. FILED **15 1931**

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **4-13**, 19**31**

22. I HEREBY CERTIFY, That I attended deceased from **Feb 15, 1931**, to **4/13**, 19**31**

I last saw her alive on **4/12**, 19**31**. Death is said to have occurred on the date stated above, at **12 noon**

The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia with acute dilatation of heart

Other contributory causes of importance:
chronic myocarditis with mitral regurgitation

Name of operation Date of

What best confirmed diagnosis? **none** Was there an autopsy? **no**

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) **Clarence L. Kobbay** M. D.

(Address) **855 Century Bldg.**

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.

