

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

Do not use this space.  
**19552**

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
Township..... Primary Registration District No. **1003**  
City **St. Louis, Mo.** (No. **6308 Juniata**, ..... St. .... Ward)

File No.....  
Registered No. **5509**  
St. .... Ward)

**2. FULL NAME** Keith Knoeffler

(a) Residence. No. **6308 Juniata** St. **3** Ward. (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) **Single**

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **July 17, 1930.**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
**9** **23**

**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)  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) **St. Louis,**  
(STATE OR COUNTRY) **Missouri**

10. NAME OF FATHER **Raymond Knoeffler**  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) **St. Louis,**  
(STATE OR COUNTRY) **Missouri.**  
12. MAIDEN NAME OF MOTHER **Mildred Kountz**  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **St. Louis,**  
(STATE OR COUNTRY) **Missouri**

14. INFORMANT **Mildred Knoeffler**  
(Address) **6308 Juniata**

15. FILED **MAY 12 1951** **W. C. Parker** REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **May 10 1951**

17. I HEREBY CERTIFY, That I attended deceased from **May 10 1951** to **May 10 1951** that I last saw him alive on **May 10 1951**, and that death occurred, on the date stated above, at **7:30 P. M.**

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

**Dysentery**  
**Cholera Infantum** 11/2  
**11/2**  
(duration) ..... yrs. .... mos. **1** ds.

CONTRIBUTORY (SECONDARY) **11/2**  
(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) **W. Weverland**, M. D.

**5-11-1951** (Address) **5930 Danhurst Dr**

\*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 **Hiram Cemetery** DATE OF BURIAL **May 13 19 51.**  
20. UNDERTAKER **Southern** ADDRESS **6320 S. 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.

