

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.

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

Do not use this space.

30047

1. PLACE OF DEATH

County.....

Registration District No.

791

Township.....

Primary Registration District No.

1003

City.....

St. Louis Mo. (No.), Sanitarium

File No.

Registered No.

9113

St.

Ward)

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

Length of residence in city or town where death occurred

20 yrs. -

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

Ward.

(If nonresident, give city or town and State)

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)

Jan. 6. 1905

7. AGE

YEARS

26

MONTHS

7

DAYS

27

If LESS than 1
day, hrs.
or min.

OCCUPATION

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

Unknown

9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.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
Missouri

13. NAME

George Knebelange

14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Unknown
Germany

15. MAIDEN NAME

Unknown

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

Missouri

17. INFORMANT
(ADDRESS)W. F. McNamee M.D.
5400 Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Burial in Mo. DATE Aug 29th 193119. UNDERTAKER
(ADDRESS)Bismarck, N.D.
8220 West 10th Street

20. FILED

Aug 21 1931 Max C. Howler

Registrar

2. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

Aug 27th 1931

I HEREBY CERTIFY, That I attended deceased from

July 1st 1931, to Aug 27th 1931Last saw him alive on Aug 27th 1931. Death is said

to have occurred on the date stated above, at 7:50 a.m.

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

Date of onset

Tuberculosis of
Intestines & Peritoneum 7-20-31

25

Other contributory causes of importance:

Name of operation Laparotomy

What test confirmed diagnosis? Clinical

Date of 7-20-31

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) William F. McNamee, M. D.

(Address) 5400 Arsenal St.

