

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

Do not use this space.

6074

1. PLACE OF DEATH
 96 County St. Louis Registration District No. 1170
 7 Township Northwood Hts. (No. 722) Primary Registration District No. 6248 H
 7 City Nashville Ave. St. _____ Ward _____
 2. FULL NAME Alfred F. Knichel
 (a) Residence, No. 722 Nashville Ave. St. _____ 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 Margaret Knichel
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 17, 1884
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
47 9 23
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bank Teller
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. national of St. Louis
 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
 MOTHER 13. NAME Peter Knichel
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
 15. MAIDEN NAME Lena Kroenlein
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo
 17. INFORMANT (ADDRESS) Margaret Knichel, 7221 Nashville
 18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Cem. DATE 2-11-32
 19. UNDERTAKER (ADDRESS) Kriegshauser, 4228 W. Kingshighway
 20. FILED 2/10 19 32 G. L. Jensen Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY AND YEAR) 2-9, 1932
 22. I HEREBY CERTIFY, That I attended deceased from Jan 30, 1932 to Feb 9, 1932
 Last saw him alive on Jan 9, 1932 Death is said to have occurred on the date stated above, at 4 A. m.
 The principal cause of death and related causes of importance were as follows:
Labour Pneumonia Date of onset _____
 Other contributory causes of importance: _____
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____
 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) M. E. Skelton M. D.
 (Address) 4302 W. Missouri

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. FEB 25 1932

