

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

Do not use this space.

40773

**1. PLACE OF DEATH**

County Montgomery

Registration District No. 593

Township

Primary Registration District No. 4230

City Montgomery (No. \_\_\_\_\_)

File No. \_\_\_\_\_

Registered No. \_\_\_\_\_

St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME Franz E. Knofler**

(a) Residence, No. \_\_\_\_\_

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.

da.

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

Dorthea Knofler

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 10 th 1848

7. AGE

YEARS  
88

MONTHS  
3

DAYS  
15

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION

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

Retired Shoe cobbler

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)

Miensewitz Germany 10

FATHER

13. NAME Godfried Knofler

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

MOTHER

15. MAIDEN NAME Elizabeth Miller

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

17. INFORMANT (ADDRESS) Mrs. Dorthea Knofler Montgomery City Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Montgomery Mo DATE 12/27/32

19. UNDERTAKER (ADDRESS) C. W. Hopkins Montgomery City, Mo.

20. FILED Jan 10 1933

D. J. Bauley Registrar

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/25/32 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 20, 1932, to Dec 24, 1932

I last saw him alive on Dec 22, 1932. Death is said

to have occurred on the date stated above, at 11:30 AM

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

Cerebral Hemorrhage (Hemiplegia) Date of onset 12/20/32

Other contributory causes of importance:

arterio-sclerosis

Name of operation \_\_\_\_\_

Date of \_\_\_\_\_

(What test confirmed diagnosis?) Clinical

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 \_\_\_\_\_ 1932

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? no

If so, specify \_\_\_\_\_

(Signed) D. W. Trusley

(Address) Montgomery City, Mo.

M. D.

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.

STATE BOARD OF HEALTH, WITH UNFADING INK—THIS IS A PERMANENT RECORD

AN 27 1933

