

SEP 25 1935

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

Do not use this space.

28327

1. PLACE OF DEATH

County

St. Louis

Registration District No.

1123

Township

Carondelet

Primary Registration District No.

6248 D

City

Mehlville, Mo.

(No.

File No.

Registered No.

285

St.

Ward)

2. FULL NAME

Oscar H. Knaebel

(a) Residence, No.

Mehlville, Mo.

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)

Widowed

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

Lillie

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

May 22, 1867

7. AGE

YEARS

68

MONTHS

4

DAYS

20

If LESS than 1
day, hrs.
or min.

OCCUPATION

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

Farmer

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

Farm

10. Date deceased last worked at
this occupation (month and
year).....11. Total time (years)
spent in this
occupation.....MOTHER
FATHER12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)St. Louis
Missouri

13. NAME

Peter Knaebel

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

Germany

15. MAIDEN NAME

Louisa Creasman

16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Mehlville
Missouri17. INFORMANT
(ADDRESS)Mrs. Paul Weigman
Mehlville, Missouri

18. BURIAL, CREMATION, OR REMOVAL

PLACE Old St. John's Cemetery DATE Aug. 14, 1935

19. UNDERTAKER
(ADDRESS)C. Hoffmeister & Co.
7114 So. Broadway

20. FILED

Aug. 13, 1935

G. Mowrey
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 12, 1935

22. I HEREBY CERTIFY, That I attended deceased from

Apr. 12, 1932, to Aug 12, 1935

I last saw him alive on Aug 12, 1935. Death is said

to have occurred on the date stated above, at 4:00 pm.

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

Date of onset

Pernicious
Anemia

Other contributory causes of importance:

M

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)

Loeada Wood

, M. D.

(Address)

Jefferson Ave

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.

