

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

Do not use this space.

31657

1. PLACE OF DEATH

County Marion
Township Marion
City Lambert

Registration District No. 547
Primary Registration District No. 3079
(No. St. Elizabeth Hospital) St. _____ Ward _____

File No. _____
Registered No. 225
St. _____ Ward _____

2. FULL NAME

Charles R. Knoff

(a) Residence, No. 554 Filara 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 16, 1936

5A. IF MARRIED, WIDOWED, OR DIVORCED: HUSBAND OF Anna V. Knoff

22. I HEREBY CERTIFY, That I attended deceased from July 14, 1936, to August 16, 1936
I last saw him alive on Aug 16, 1936 Death is said to have occurred on the date stated above, at 12:11 A.M.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 7, 1897

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

7. AGE YEARS 39 MONTHS _____ DAYS 9 If LESS than 1 day, _____ hrs. or _____ min.

Septemia (Staphylococcus) Date of onset 7-14-36

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

Other contributory causes of importance: Infected teeth Extraction 7-4-36
Myocarditis with mitral regurgitation

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

Name of operation None Date of _____
What test confirmed diagnosis? Cholera Was there an autopsy? No

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Sanger, Mo. (STATE OR COUNTRY)

13. NAME Otis S. Knoff

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

15. MAIDEN NAME Anna Vex

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

17. INFORMANT Mrs Anna V. Knoff (ADDRESS) 554 Filara Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Olivet DATE August 19, 1936

19. UNDERTAKER James O'Donnell (ADDRESS) Lambert Mo.

20. FILED Aug 19, 1936 H. C. Gresham Registrar.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

