

DEC 3 1936

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

Do not use this space.

43153

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City St. Louis, Mo. (No. Deaconess Hospital

File No.

Registered No. 11731

St. Ward

2. FULL NAME William F. Knehans

(a) Residence, No. Owensville, Missouri St. n.R. 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

Wilhemina Knehans

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 7th. 1870

7. AGE

YEARS

56

MONTHS

1

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.

Grain-

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

Miller

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

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

FATHER

13. NAME Henry Knehans

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

MOTHER

15. MAIDEN NAME Johanna Butte

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

17. INFORMANT Adolph Knehans (ADDRESS) Owensville, Missouri

18. BURIAL, CREMATION, OR REMOVAL

PLACE Owensville, Mo. DATE Nov. 29th. 1936

19. UNDERTAKER Tappmeyer & Murray (ADDRESS) Owensville, Missouri

20. FILE NOV 27 1936

J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 26th 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 7 1936 to Nov 26 1936

I last saw him alive on Nov 26 1936 Death is said

to have occurred on the date stated above, at 4:15 P.M.

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

Chronic Interstitial Nephritis Date of onset
Hypertension.

Coronary Sclerosis

Other contributory causes of importance: 131

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) L. W. Kuepferman M. D.

(Address) 703 Harrison Bldg

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.

Je 6204/
Res. 3508 Russell
Pr. 0029
8-10 2-3
A.M. P.M.

OCT 10 1949