

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

Do not use this space.

**JUL 8 - 1937**

**1. PLACE OF DEATH**

County .....

Registration District No. **791**

Township .....

Primary Registration District No. **1003**

City **St. Louis, Mo.**

(No. **Jewish Hospital**)

File No. **22178**

Registered No. **5930**

St. .... Ward)

**2. FULL NAME** **Lillia Estell Knauer**

(a) Residence, No. **1109 Baker**  
(Usual place of abode)

St. **N. R.** Ward. **East St. Louis, Illinois**  
(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 **Female** 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 **Albert H. Knauer**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Sept. 19th, 1881**

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ..... hrs. or ..... min.
<b>35</b>	<b>55</b>	<b>8</b>	<b>27</b>	

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

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) **Ava, Illinois**  
(STATE OR COUNTRY)

FATHER 13. NAME **Orren Chapman**

14. BIRTHPLACE (CITY OR TOWN) **Ava, Illinois**  
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME **Sarah Conner**

16. BIRTHPLACE (CITY OR TOWN) **Illinois**  
(STATE OR COUNTRY)

17. INFORMANT **Albert H. Knauer**  
(ADDRESS) **East St. Louis, Illinois.**

18. BURIAL, CREMATION, OR REMOVAL  
PLACE **Ava, Illinois** DATE **June 18th, 1937**

19. UNDERTAKER **Albert H. Hoppe Inc.**  
(ADDRESS) **429 N. Euclid Avenue**

20. FILED **JUN 17 1937**  
**J. Bredeck**  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 16th, 1937**

22. I HEREBY CERTIFY, That I attended, deceased from **July, 1936 to June 16<sup>th</sup>, 1937**

I last saw her alive on **June 15, 1937**. Death is said to have occurred on the date stated above, at **10 A. m.**

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

**Carcinoma of Cervix** Date of onset **May, 1936**

Other contributory causes of importance:

**Generalized Carcinomatosis**

Name of operation **Distal Ovarian direction** Date of **Aug 2, 1936**  
What test confirmed diagnosis? **Biopsies** Was there an autopsy? **Yes**

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? **No** Date of injury .....

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) **James F. Tracy** M. D.  
(Address) **3720 Washington Blvd.**

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.

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