

NOV 15 1937

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

35672
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1008**
 (c) City (d) Street No. **2848 Clifton Ave** Registered No. **9249**
 (e) Length of residence in city or town where death occurred **50** yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. **2848 Clifton Ave** St. **3**
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 **Anna**
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **12-13-1865**
 7. AGE YEARS **71** MONTHS **9** DAYS **17**
 If LESS than 1 day, hrs. or min.
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Suspector**
 9. Industry or business in which work was done, as saw mill, bank, etc. **Rail Road**
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation **40 years**

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

13. NAME **Don't Know**

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

15. MAIDEN NAME **Don't Know**

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

17. INFORMANT (ADDRESS) **Mrs Anna Knatz 2848 Clifton Ave**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Walhalla Cnty** DATE **Oct 4 1937**

19. FUNERAL DIRECTOR (ADDRESS) **J. Murrell Sons 2639 Hickory St**

20. FILED **OCT 3 1937** **J. Bisbee** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Oct. 1** 19**37**

22. I HEREBY CERTIFY, That I attended deceased from **July 12** 19**37** to **Oct 1** 19**37**
 I last saw him alive on **Sept 29** 19**37**. Death is said to have occurred on the date stated above, at **9:30 a.m.**
 The principal cause of death and related causes of importance were as follows:

Chronic myocarditis
Diabetes mellitus
Arterial Sclerosis
 Other contributory causes of importance:
Amputation of legs
 Name of operation **Amputation of legs** Date done **1/25/37**
 What test confirmed diagnosis? **Yes** 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. **Royal A. Wier** M. D.
 (Signed) **Royal A. Wier**
 (Address) **1753 So Grand**

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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STATEMENT BY LICENSED EMBALMER

I, John Ketter, Licensed Embalmer No. 3880

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

L. E.

No. _____ or by _____ Registered Apprentice No. _____
working under my personal supervision.

Signed John Ketter
Licensed Embalmer No. 3880

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)