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

NOV 15 1937

35984
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. 791 1008

(b) Township ..... Primary Registration District No. ..... Registered No. 9561

(c) City St. Louis, Mo. (d) Street No. BARNES HOSPITAL St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. 1 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Emily Frances Knehans

(a) Residence, No. ..... St. NR Beaufort Mo. —
(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: 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: Arthur Knehans

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 8th, 1906

7. AGE: Years 31 | Months 6 | Days 3 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year): October 1937
11. Total time (years) spent in this occupation: 8 Yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Lyon, Missouri

FATHER
13. NAME: Fred W. Schroeder
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Port Hudson, Missouri

MOTHER
15. MAIDEN NAME: Ida Breckenkamp
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Port Hudson, Missouri

17. INFORMANT (ADDRESS): Ida Schroeder, Beaufort, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Beaufort, Mo. DATE: Oct. 14th, 1937

19. FUNERAL DIRECTOR (ADDRESS): Albert H. Hoppe Inc., 429 N. Euclid Avenue

20. FILED: OCT 13 1937 J. F. Biebeck, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 10-11, 1937

22. I HEREBY CERTIFY, That I attended deceased from 10-11, 1937, to 10-11, 1937

I last saw her alive on 10-11, 1937 Death is said to have occurred on the date stated above, at 5:45 p.m.

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

	Date of onset
Gastro-Intestinal Hemorrhage (perforated Typhoid Ulcer?)	10-10-37

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes.

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? No

If so, specify .....

(Signed) Ray D. Williams, M. D.

(Address) BARNES HOSPITAL

(Licensed Embalmer's Statement on Reverse Side)

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, Guy W. Wilkinson, Licensed Embalmer No. 3575

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

L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed Guy W. Wilkinson

Licensed Embalmer No. 3575

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.)