

REC'D JUN 9 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

17077

Do not use this space.

791

1003

4938

1. PLACE OF DEATH

(a) County Registration District No.
 (b) Township Primary Registration District No.
 (c) City St. Louis (d) Street No. City Hospital No. 1 Registered No.
 (If death occurred in Hospital or Institution, write its name instead of street and number) St.
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

D. 2704

William Knocke

5/27/38

2. PRINT FULL NAME

(a) Residence, No. 1616 Franklin St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city) 25

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 13, 1883

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
55 3 14

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Missouri13. NAME HENRY KNOCKE14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY15. MAIDEN NAME UNKNOWN16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY17. INFORMANT (ADDRESS) Hosp. Info M. Kent18. BURIAL, CREMATION, OR REMOVAL PLACE CALVARY CEMETERY DATE MAY 30, 193819. FUNERAL DIRECTOR (NAME) (ADDRESS) Goehert & Goehert
2228 N. Louisiana20. FILED MAY 29 1938 J. P. Budick Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/27/38, 1922. I HEREBY CERTIFY, That I attended deceased from 5/25/38, 19, to 5/27/38, 19.

I last saw him on 5/27/38, 19. Death is said to have occurred on the date stated above, at 11.45 a
 The principal cause of death and related causes of importance were as follows:

Pneumonia - Lobar

Date of onset

Other contributory causes of importance:

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

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) Arthur J. Lockwood, M. D.(Address) City Hospital No. 1

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

Charles Goodhart

or by

Registered Apprentice No., working under my personal supervision.

Signed

Charles Goodhart

Licensed Embalmer No. *2777*

P. O. Address *2228 Louisiana*

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.)

If this body is not embalmed, above space should be left blank.