REC'D JUL 25 1938

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

Do not use this space.

1. PLACE OF DEATH
County St Charles Mo
Township
City St Charles (No. ..... St. ..... Ward)

Registration District No. 757
Primary Registration District No. 3036

File No. 22788
Registered No. 91

2. FULL NAME Henry Bernard Knobbe 510
(a) Residence, No. St Charles County Mo St., ... 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 Josephine Borgmeyer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 6th 1853

7. AGE: YEARS 84 | MONTHS 10 | DAYS 12 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming
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 Life Time

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Charles Mo 0

FATHER
13. NAME Clemance Knobbe 6.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 9

MOTHER
15. MAIDEN NAME Dont Know - Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) — —

17. INFORMANT (ADDRESS) Mrs. Joseph Rufkahr

18. BURIAL, CREMATION, OR REMOVAL
PLACE St Peters Cemetary DATE June 23rd 1938

19. UNDERTAKER (ADDRESS) F. B. C. Dallmeyer & Sons Co St Charles Mo

20. FILED 6/22 1938 Clarence G. Wessler Registrar. 677

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 18th, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 12, 1938 to June 18th, 1938
I last saw him alive on June 18th, 1938 Death is said to have occurred on the date stated above, at 11 45 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Uraemia	Jun 12/38

Other contributory causes of importance:
1) Chronic Interstitial nephritis
2) Gen. Art. Sclerosis 10 yrs.

Name of operation None Date of
What test confirmed diagnosis? Signs Symptoms Was there an autopsy? No

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) A P Erich Schnez M. D.
(Address) St Charles Mo

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.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD