

REC'D NOV 22 1938

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

36538  
Do not use this space.

1. PLACE OF DEATH

(a) County Pike Registration District No. 689  
 (b) Township Bluffs Primary Registration District No. 3033  
 (c) City Louisiana (d) Street No. Mineral Springs Sanitarium 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. 15 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 514 Victor Knoepfel (KNOEPPAL)  
Bluffs Ill St.  (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Mrs 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 Mamie Knoepfel  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 1944 78  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
60 6 13  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Grocer  
 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)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 6

FATHER 13. NAME Unknown 7

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 7

MOTHER 15. MAIDEN NAME Unknown 7

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 7

17. INFORMANT (ADDRESS) V. Knoepfel  
Bluffs Ill

18. BURIAL, CREMATION, OR REMOVAL PLACE Bluffs Ill  
Garwood Cem. Near DATE 10 10 38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) J. W. Bates  
Bluffs Ill

20. FILED 10 17 1938 J. C. Haley Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10 7 38  
 22. I HEREBY CERTIFY, That I attended deceased from Sept 22 1938 to Oct 7 1938  
 I last saw h. i. m. alive on Oct 7 1938. Death is said to have occurred on the date stated above, at 7 A m.  
 The principal cause of death and related causes of importance were as follows:

acute cardiac dilation myocarditis Date of onset 2  
59  
 Other contributory causes of importance: Diabetes melitus

Name of operation none 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....., 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.....  
 (Signed) G. P. Bailey M. D.  
 (Address) Louisiana

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.

RECEIVED

District Health Officer No. 10

District File Number 10-38-627

Date Filed 11-4-38

**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,

or by

Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

**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.**