DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

AUG 11 1939

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24119

Registration District No. 791

Primary Registration District No.

Registrar's No. 6392

1003

1. PLACE OF DEATH:

(a) County

(b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2011 N. BROADWAY
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County

(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")

(d) Street No. 2011 N BROADWAY
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

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3. (a) PRINT FULL NAME NORA KNEUBUHL

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex FEMALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife GODFREY

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased MAY (Month) 15 (Day) 1873 (Year)

8. AGE: Years 66 Months 2 Days 4 If less than one day hr. min.

9. Birthplace IRONDALE (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation HOUSEWORK.

11. Industry or business OWN

MOTHER FATHER

12. Name UNKNOWN THOMAS

13. Birthplace PORTLAND (City, town, or county) OREGON (State or foreign country)

14. Maiden name UNKNOWN UNKNOWN

15. Birthplace PORTLAND (City, town, or county) OREGON (State or foreign country)

16. (a) Informant's own signature Godfrey Kneubuhl

(b) Address 2011 N. Broadway

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JULY 21-1939 (Month) (Day) (Year)

(c) Place: burial or cremation ST. MATTHEW CEM.

18. (a) Signature of funeral director E. J. Schnur

(b) Address 3125 Lafayette Av.

19. (a) JUL 20 1939 (Date received local registrar) (b) J. Broderick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 19th year 1939 hour minute M.

21. I hereby certify that I attended the deceased from July 15, 19, to July 19, 39, that I last saw her alive on July 19, 39; and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis 1 yr

Due to "Was at City Hospital"

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature D. J. Kiesel (M. D. or other)

Address 1875 Madison Date signed

(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.

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. Jos B Vollmer

Licensed Embalmer No. 4014

P. O. Address 3125 Lafayette ave

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

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