

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

33234
Do not use this space.

1. PLACE OF DEATH

(a) County Phelps Registration District No. 678
 (b) Township Danport Primary Registration District No. 5903
 (c) City _____ (d) Street No. _____ 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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

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

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 Anna Hinkle

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-26-1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 9 18

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Merchant
 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) 3-1-39
 11. Total time (years) spent in this occupation 28 1/2

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

FATHER 13. NAME Leont Knauer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Leont Knauer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Geo Hinkle
St James Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Brandtler Cem DATE 9-11-1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W E Schuler
St James Mo

20. FILED 9-11-1939 Elvie B. Houck Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-8-1939

22. I HEREBY CERTIFY, That I attended deceased from June 1939, to Sept 8 1939

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 11:00 P. m.
 The principal cause of death and related causes of importance were as follows:

Carcinoma of Prostate Date of onset 1938

Other contributory causes of importance: 51

Name of operation none Date of _____
 What test confirmed diagnosis biopsy 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) William H. Brewster M. D.
 611 (Address) St James, Mo

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD
 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 me

....., Registered Apprentice No.

working under my personal supervision.

RECEIVED

District Health Officer No. 5

District File Number 1039289

Date Filed 10/10/29

Signed Oral E. Lichblau

Licensed Embalmer No. 3546

P. O. Address St. James m

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.