

No. 2
1-10-39
-17-39
X21452

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

331850

REC'D OCT 10 1940

State File No. _____

Registration District No. 784

Primary Registration District No. 117

Registrar's No. 1738

1. PLACE OF DEATH:

(a) County ST. LOUIS
(b) City or town WEBSTER GROVES
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
654 AMELIA AVE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 20
(Specify whether
In this community 5 MONTHS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST LOUIS
(c) City or town WEBSTER GROVES
(If outside city or town limits, write "RURAL")
(d) Street No. 654 AMELIA
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

8. (a) PRINT FULL NAME RUTH ESTHER KNOBLES

8. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced SINGLE

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased JULY 25 - 1908
(Month) (Day) (Year)

8. AGE: Years 32 Months 1 Days 17 If less than one day _____ hr. _____ min.

9. Birthplace ROCHESTER NEW YORK
(City, town, or county) (State or foreign country)

10. Usual occupation SUPERVISOR CASH GIRL

11. Industry or business DEPARTMENT STORE

12. Name JOSEPH G. KNOBLES

13. Birthplace ROCHESTER NEW YORK
(City, town, or county) (State or foreign country)

14. Maiden name LIZETTE NOLDT

15. Birthplace NIAGARA FALLS NEW YORK
(City, town, or county) (State or foreign country)

16. (a) Informant LIZETTE K. Papinson

(b) Address 654 AMELIA AVE W. G.

17. (a) BURIAL (b) Date thereof SEPT-14-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ROCHESTER-NEW YORK

18. (a) Signature of funeral director Parker and Co

(b) Address WEBSTER GROVES, MO

19. (a) SEP 12 1940 (b) W. M. Papinson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 11 year 1940 hour 10 minute 0 M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death: Stroke by thrombotic embolism
Due to (Arterial thrombotic embolism)
Due to _____

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: 163
Of operations _____
Of autopsy _____

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

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

(b) Date of occurrence Sept 11 1940

(c) Where did injury occur? At home
(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 Stroke

23. Signature W. M. Papinson (M. D. or other)

Address W. M. Papinson Date signed Sept 12 1940

Duration

9 1/2 hrs

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

9
2
4

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 Ed Eldrich

Licensed Embalmer No. 1332

P. O. Address Webster, Iowa

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.