

FILED APR 27 1942 91

1003

Registrar's No.

Registration District No. Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis Mo.  
(b) City or town St. Louis Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
4338 Virginia Ave. /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
(Specify whether  
In this community.....  
years, months or days)

3. (a) PRINT FULL NAME Elizabeth Knoblauch

3. (b) If veteran, name war..... 3. (c) Social Security No. None

4. Sex Female / 5. Color or race White 6. (a) Single, widowed, married, divorced, Married

6. (b) Name of husband or wife August Knoblauch 6. (c) Age of husband or wife if alive 82 years

7. Birth date of deceased Sept. 27 1861  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
80 7 18 ..hr. min.

9. Birthplace St. Louis Mo. / (City, town, or county) (State or foreign country)

10. Usual occupation Hwk.

11. Industry or business at home

MOTHER FATHER { 12. Name George Baumgartner  
13. Birthplace Germany / (City, town, or county) (State or foreign country)

14. Maiden name Gertrude Unknown

15. Birthplace Germany / (City, town, or county) (State or foreign country)

16. (a) Informant August Baumgartner

(b) Address 4969 Fountain

17. (a) Burial (b) Date thereof 4-18-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Paul's Churchyard

18. (a) Signature of funeral director Kriegshauser Mortuaries

(b) Address 4228 S. Kingshighway Blvd.

19. (a) ADD 70 1012 (b) J. F. Brudek  
(Date of death) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County.....  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4969 Fountain  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 15  
year 1942 hour 10 minute 30 a.m.

21. I hereby certify that I attended the deceased from Sept 3 1941 to April 15 1942  
that I last saw him alive on April 17 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death.....  
General carcinomatous  
Due to site unknown  
Due to.....  
Other conditions (Include pregnancy within 3 months of death) 55

Duration

PHYSICIAN

Major findings:  
Of operations.....  
Of autopsy.....  
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?

While at work?..... (Specify type of place) (e) Means of injury 0

23. Signature H. Schmeier (M. D. or other)  
Address 6811/2 Biavon Date signed 4/16/42

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

Dr. Schmiemeler  
6811a Gravois  
FL.0034

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**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 *Reinhold K. Libman*

Licensed Embalmer No. *3395*

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, fact should be so stated above.**