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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 23 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22145

Registration District No. 757 Primary Registration District No. 3036 Registrar's No. 333

92
9
3

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

1. PLACE OF DEATH:

(a) County ST-CHARLES

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

(c) Name of hospital or institution: ST-JOSEPH-HOSPITAL 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether

In this community Lifetime years, months or days)

2. USUAL RESIDENCE OF DECEASED: 92

(a) State MO (b) County ST-CHARLES

(c) City or town RURAL 0 (If outside city or town limits, write "RURAL")

(d) Street No. 1 mile North St Charles Mo 0 (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country /

3. (a) PRINT FULL NAME JOSEPHINE - KNOBBE

3. (b) If veteran, name war ✓

3. (c) Social Security No. NONE

4. Sex Female

5. Color or race White 1

6. (a) ~~Single~~, widowed, ~~married~~, ~~divorced~~ Widowed 2

6. (b) Name of husband or ~~wife~~ Henry Knobbe

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

7. Birth date of deceased 2 (Month) 26 (Day) 1859 (Year)

8. AGE: Years 83 Months 3 Days 14 If less than one day ..... hr. ..... min.

9. Birthplace St Charles County (City, town, or county) Mo 0 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business At Home

FATHER
12. Name Mathis Borgmeyer
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Mary Ann Budde
15. Birthplace Ossenbrink (City, town, or county) — Germany 4 (State or foreign country)

16. (a) Informant Alphonse Knobbe

(b) Address St Charles Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-13-1942 (Month) (Day) (Year)

(c) Place: burial or cremation St Peters Cemetary

18. (a) Signature of funeral director H. Dallmeyer & Sons Co

(b) Address St Charles Mo

19. (a) June 13, 1942 (Date received local registrar) (b) Clarence G. Wessler (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month 6 day 10 year 1942 hour 1 minute 05 A.M.

21. I hereby certify that I attended the deceased from Feb 24, 1942 to June 10th, 1942 that I last saw her alive on June 9th, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death ..... Duration

Coronary occlusion sudden

Due to .....

Due to Chronic Myocarditis 10 yrs & Gen Arteriosclerosis 15 yrs

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations No

Of autopsy No

94 W

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 A. P. Erich Schulz M.D. (M.D. or other)

Address St Charles Mo. Date signed 6/13/42

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(Licensed Embalmer's Statement on Reverse Side)

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 Joh. B. Dallmeyer

Licensed Embalmer No. 2951

P. O. Address St Charles Mo

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.