V. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 10 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32490

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 9297

1. PLACE OF DEATH:

(a) County
(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: Little Sister of the Poor (If not in hospital or institution, write street number or location) 3225 N. Florissant
(d) Length of stay: In hospital or institution six years (Specify whether years, months or days) In this community 1)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 3225 N. Florissant (If rural, give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country 0

3. (a) PRINT FULL NAME George B. Knelange
3. (b) If veteran, name war
3. (c) Social Security No. none
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced widower
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased May 11, 1866 (Month) (Day) (Year)
8. AGE: Years 78 | Months 5 | Days 19 | If less than one day hr. min.
9. Birthplace Germany (City, town, or county) 4 (State or foreign country)
10. Usual occupation Custodian
11. Industry or business

FATHER
12. Name Herman Knelange
13. Birthplace Germany (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace " (City, town, or county) 9 (State or foreign country)

16. (a) Informant Bernard Knelange
(b) Address 525 Clara Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 2, 44 (Month) (Day) (Year)
(c) Place: burial or cremation St. Mary's Cemetery
18. (a) Signature of funeral director Bromschwig Und. Co.
(b) Address 4746 West Florissant
19. (a) NOV 1 1944 (Date received local registrar) J. T. Bredeek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 30 year 1944 hour 1 minute 45 P. M.
21. I hereby certify that I attended the deceased from Oct. 12, 19 44 to October 30, 19 44 that I last saw h. / m alive on Oct 29, 19 44 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Myocarditis.	2 w.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death): None	

Major findings: Of operations None
Of autopsy None

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 0

23. Signature Leonard K. Voth (M. D. or other)
Address 2302 Salisbury St. Date signed 10-31-44

(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 J W Wilkinson

Licensed Embalmer No. 2575

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.