V. S. No. 2
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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14564

FILED APR 23 1945

Registration District No. 23 Primary Registration District No. 6076 Registrar's No. 770

1. PLACE OF DEATH:
(a) County St Louis
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Parker Rd Florisant Mo 1
(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)

2. USUAL RESIDENCE OF DECEASED: 96
(a) State Mo (b) County St Louis Co
(c) City or town Parker Rd Florisant Mo 0 (If outside city or town limits, write "RURAL")
(d) Street No. 0 (If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Anna Knobbe
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 Widow
6. (b) Name of husband or wife Joseph Knobbe
6. (c) Age of husband or wife if alive Dead years
7. Birth date of deceased Feb (Month) 9 (Day) Th (Year) 1859
8. AGE: Years 86 Months 1 Days 14 If less than one day hr. min.
9. Birthplace Florisant Mo (City, town, or county) 0 (State or foreign country)
10. Usual occupation Housework
11. Industry or business

MOTHER FATHER
12. Name Henry Keeven
13. Birthplace Germany (City, town, or county) 6 (State or foreign country)
14. Maiden name Angela Hesbing
15. Birthplace Germany (City, town, or county) 6 (State or foreign country)

16. (a) Informant Angela Hartmann
(b) Address Parker Rd Florisant Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 27 Th (Month) (Day) 1945 (Year)
(c) Place: burial or cremation Sacret Heart Cemtery
18. (a) Signature of funeral director Edward Koch
(b) Address 3516 N 14 Th Str St Louis Mo
19. (a) MAR 27 1945 (Date received local registrar) (b) E C McCauley M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 24 year 1945 hour minute M.
21. I hereby certify that I attended the deceased from 1942, 19, to March 24, 1945, that I last saw he alive on March 23, 1945, and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Arteriosclerosis
Due to
Due to
Other conditions None
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

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 F. C. Abrams M.D. (M. D. or other)
Address Florissant Mo Date signed March 24

(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 Ronald A Yahnke

Licensed Embalmer No. 3917

P. O. Address St Louis

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.