

**FILED NOV 13 1945**

Registration District No. **160**

Primary Registration District No. **3029**

Registrar's No. **232**

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

**1. PLACE OF DEATH:**

(a) County **Jefferson**  
 (b) City or town **Crystal City**  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: \_\_\_\_\_  
 (If not in hospital or institution, write street number or location) \_\_\_\_\_  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether years, months or days)  
 In this community **18 years**

**2. USUAL RESIDENCE OF DECEASED:**

**Missouri Jefferson 50**  
 (a) State \_\_\_\_\_ (b) County \_\_\_\_\_  
 (c) City or town **Festus RR 2**  
 (If outside city or town limits, write "RURAL") \_\_\_\_\_  
 (d) Street No. \_\_\_\_\_ (If rural, give location) \_\_\_\_\_  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Anna T. Knobloch**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **Female/white** 5. Color or race \_\_\_\_\_ 6. (a) Single, widowed, married, divorced **Married!**

6. (b) Name of husband or wife **Anthony** 6. (c) Age of husband or wife if alive **52** years

7. Birth date of deceased **August 26, 1890**  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>55</b>	<b>0</b>	<b>25</b>	hr. _____ min. _____

9. Birthplace **Kladno Czechoslovakia**  
 (City, town, or county) (State or foreign country)

10. Usual occupation **House-Work**

11. Industry or business **Own Home**

**FATHER** { 12. Name **Frank Smith**  
 13. Birthplace **Unk. Czechoslovakia**  
 (City, town, or county) (State or foreign country)  
**MOTHER** { 14. Maiden name **Unk. VORAC, Czechoslovakia**  
 15. Birthplace **Unk. Czechoslovakia**  
 (City, town, or county) (State or foreign country)

16. (a) Informant **Anthony Knobloch**  
 (b) Address **RR. 2 Festus, Mo.**

17. (a) **SeBurial,** (b) Date thereof **Sept. 26, 1945**  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Crystal City, Mo.**

18. (a) Signature of funeral director **Henry P. Little**  
 (b) Address **Crystal City, Mo.**

19. (a) **Sept 25 1945** (b) **Argus Shelton**  
 (Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **Sept.** day **21,**  
 year **1945** hour **6:15** minute \_\_\_\_\_ P. \_\_\_\_\_ M. \_\_\_\_\_

21. I hereby certify that I attended the deceased from **Sept 16**  
 19**45**, to **Sept 21**, 19**45**  
 that I last saw h **er** alive on **Sept 21**, 19**45**  
 and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage** Duration **3 hrs.**  
 Due to **Thrombopenic purpura** **2 week**

Due to \_\_\_\_\_  
 Other conditions **None**  
 (Include pregnancy within 3 months of death)

Major findings: Of operations **None** **Physician**  
 Of autopsy **None**  
 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? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
 23. Signature **Dr. E. Dean** (M. D. or other) \_\_\_\_\_  
 Address **Peru, Mo.** Date signed **9/27/45**

RECEIVED

District Health Officer No. 9,

District File Number \_\_\_\_\_

Date Filed 11-10-45

---

---

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 \_\_\_\_\_

*Gentry R. Plitte*

Licensed Embalmer No. 3481

P. O. Address Crystal City, 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.