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ev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18598
Registrar's No. 4575

Registration District No. 318 Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County St. Louis, Missouri

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

(c) Name of hospital or institution:
6442 Marmaduke
(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:

(a) State Missouri (b) County 000

(c) City or town St. Louis 317
(If outside city or town limits, write "RURAL")

(d) Street No. 6442 Marmaduke 9
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Ernest O. Knoblauch

3. (b) If veteran, None name war _____

3. (c) Social Security No. _____

4. Sex Male 5. Color of race White 6. (a) Single, widowed, married, divorced Married

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

7. Birth date of deceased January 16, 1891
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 19th
year 1946 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Nov. 12
1945 to May 18 19 46
that I last saw him alive on May 18 19 46
and that death occurred on the date and hour stated above.

8. AGE: Years 55 Months 4 Days 3 If less than one day _____ hr. _____ min.

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

10. Usual occupation Auto Mechanic

11. Industry or business _____

MOTHER FATHER } 12. Name Rudolph Knoblauch

13. Birthplace Unknown (City, town, or county) (State or foreign country)

14. Maiden name Mary Overson

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

16. (a) Informant Mrs. Nettie Knoblauch

(b) Address 6442 Marmaduke

17. (a) (Burial, cremation, or removal) Burial (b) Date thereof 5-23-46
(Month) (Day) (Year)

(c) Place: burial or cremation Laurel Hill Southern Funeral Home

18. (a) Signature of funeral director _____

(b) Address 6322 S. Grand Blvd.

19. (a) MAY 21 1946 (Date received local Registrar) J. F. Bredeck (Registrar's signature)

Immediate cause of death Carcinoma, prostate + pelvic lymph nodes Duration short

Due to Primary - Prostate 51

Due to _____

Other conditions _____
(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? _____

While at work? _____ (Specify type of place)

Means of injury _____

23. Signature John M. Cozart (M. D. or other) _____
Address 505 S. A. Graham Date signed 5/21/46

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. Wm. Buckley
Licensed Embalmer No. 3653
P. O. Address St. Louis, 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.