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S. No. 2
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v. 5-17-39
X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 31 1948

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

1003

State File No. 18599

Registration District No. 318

Primary Registration District No.

Registrar's No. 4627

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

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: St.Louis City Hospital-Max C. Starkloff Memorial
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 weeks (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 5503 Murdoch
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME LENORA KNOKE

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

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

7. Birth date of deceased August (Month) 1 (Day) 1900 (Year)

8. AGE: Years 45 | Months 9 | Days 21 | If less than one day hr. min.

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

10. Usual occupation NIL

11. Industry or business

FATHER
12. Name William Knoke
13. Birthplace St Louis (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Louise Norsick
15. Birthplace St Louis, (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Minnie Knoke
(b) Address 5503 Murdoch,St.Louis,Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-25-1946 (Month) (Day) (Year)
(c) Place: burial or cremation Zion Cemetery

18. (a) Signature of funeral director C.HOFFMEISTER COLONIAL MORTUARY
(b) Address 6464 Chippewa,St.Louis,Missouri

19. (a) MAY 23 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22nd year 1946 hour 4;40 minute A M.

21. I hereby certify that I attended the deceased from 5/9/46, 19, to 5/22/46, 19; that I last saw her alive on 5/22/46, 19; and that death occurred on the date and hour stated above.

Immediate cause of death: Bronchial Pneumonia — Duration: 1 week

Due to: Confirmed invalid from Poliomyelitis from infancy.

Due to

Other conditions: General weakness & atrophy due old Poliomyelitis. Imbecility
(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? Means of injury

23. Signature John A. Skinner, M.D. (M.D. or other)

Address 1515 Lafayette Date signed

(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. Harry J Schumacher

Licensed Embalmer No. 2679

P. O. Address. 7814 S Broadway

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.