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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 24 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11118

Registration District No. 318 | Primary Registration District No. 1003 | Registrar's No. 2443

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Jewish Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days (Specify whether years, months or days)
In this community 20 years

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. 3646 Neosho
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country --

3. (a) PRINT FULL NAME Mr. Albert Knefle
3. (b) If veteran, name war ----
3. (c) Social Security No. 488-03-9244
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Elsie Dieckmann Knefle
6. (c) Age of husband or wife if alive 31 years
7. Birth date of deceased October (Month) 14th (Day) 1910 (Year)
8. AGE: Years 36 | Months 4 | Days 22 | If less than one day hr. min.
9. Birthplace St. Maergen (City, town, or county) Germany (State or foreign country)
10. Usual occupation Production Manager
11. Industry or business
FATHER 12. Name John Knoepfle
FATHER 13. Birthplace (City, town, or county) Germany (State or foreign country)
MOTHER 14. Maiden name Wilhelmina Schultis
MOTHER 15. Birthplace (City, town, or county) Germany (State or foreign country)
16. (a) Informant Mrs. Elsie Knefle
(b) Address 3646 Neosho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 18, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park
18. (a) Signature of funeral director BEIDERWIEDEN F.HOME, INC
(b) Address 5936 St. Louis Avenue
19. (a) MAR 10 1947 (Date received local registrar) (b) J.T. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 6 year 1947 hour 7 37 pm minute M.
21. I hereby certify that I attended the deceased from Jan 1947 to March 6, 1947 that I last saw him alive on March 6, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Uremia	
Due to: Malignant Hypertension	1 yr
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature H. Schelf (M. D. or other) M.D.
Address University Club Bldg Date signed 3/6/47

(Licensed Embalmer's Statement on Reverse Side)

Dr. Harold Scheff
University Club Building
607 North Grand

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 Felix J. Kruskin

Licensed Embalmer No. 3497

P. O. Address 1936 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.