No. 2
1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2727

FILED JAN 16 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 10

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

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 5637 Cabanne Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 17-years (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 0-00

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 5637 Cabanne Ave. 9
(If rural, give location) 0

(e) 5 Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Clara May 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 W. 2

6. (b) Name of husband or wife Henry F. Knoke

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

7. Birth date of deceased June 11th., 1876 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
71	6	20	hr. min.

9. Birthplace Sparta Ill. (City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Joseph Moore
13. Birthplace Ill. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Jennie Moore
15. Birthplace Ill. (City, town, or county) (State or foreign country)

16. (a) Informant Mr. William A. Braden
(b) Address 5239 Minerva Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-4-48 (Month) (Day) (Year)
(c) Place: burial or cremation Sparta, Ill.

18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd.

19. (a) JAN 2 1948 (Date received local registrar) (b) J. Braden (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 1st., year 1948 hour 7 minute a. M.

21. I hereby certify that I attended the deceased from Nov 8, 1946, 19, to Jan 1 1948; that I last saw her alive on Jan 1 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary heart disease coronary occlusion with myocardial infarction	4 hrs.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 94	
Major findings: Of operations	
Of autopsy	

PHYSICIAN

Underline the cause of 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 0

23. Signature Edward Helbing (M. D. or other) MD

Address 3903 Olive Date signed 1-2-48

St. Louis 8 Mo

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Wall Bldg.

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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 Stanley Marshall

Licensed Embalmer No. 2888

P. O. Address 3840 Lindell

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.