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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED FEB 24 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 4027

Registration District No. 42 | Primary Registration District No. 1000 | Registrar's No. 192

1. PLACE OF DEATH:
(a) County: Buchanan
(b) City or town: St. Joseph /
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3012 Sylvanie St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: Life (Specify whether years, months or days)
In this community:

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Buchanan
(c) City or town: St. Joseph /
(If outside city or town limits, write "RURAL")
(d) Street No.: 3012 Sylvanie 7
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Leo Edward Knaebel
3. (b) If veteran, name war: W. W. #1
3. (c) Social Security No.: None
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married /
6. (b) Name of husband or wife: Mildred Knaebel
6. (c) Age of husband or wife if alive: 52 years
7. Birth date of deceased: October (Month) 21 (Day) 1896 (Year)

8. AGE:	Years	Months	Days	If less than one day
✓	51	3	19	hr. min.

9. Birthplace: St. Joseph (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Vice-President
11. Industry or business: Mo. Valley Trust Company
MOTHER FATHER
12. Name: Matthias Knaebel
13. Birthplace: Unknown (City, town, or county) Unknown (State or foreign country)
14. Maiden name: Helen Madden
15. Birthplace: Unknown (City, town, or county) Unknown (State or foreign country)
16. (a) Informant: Mrs. Mildred Knaebel /
(b) Address: St. Joseph, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2/16/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Auburn Cemetery
18. (a) Signature of funeral director: Heaton Bowman
(b) Address: St. Joseph, Mo.
19. (a) 2-18-48 (Date received local registrar) (b) E. L. Jenkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 10 year 1948 hour 9 minute A.M.
21. I hereby certify that I attended the deceased from Feb 6, 1948, to Feb 10, 1948 that I last saw him alive on Feb 9, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Thrombosis	15 min
Due to: Coronary Disease	?
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: 94P	
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: J. H. Allaman (M. D.)
Address: 1 Fredericksburg Place Date signed: 2/18/48

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

MAR 22 1948

MAR 1 1948

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 Eugene Wood

Licensed Embalmer No. 3804

P. O. Address 319 So 10th, St Joseph, 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.