. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 10 1948

Registration District No. 308

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 17297

Primary Registration District No. 6049

Registrar's No. 5

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

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: St Charles
(c) City or town: Augusta Mo RR 92 (If outside city or town limits, write "RURAL")
(d) Street No.: — (If rural, give location) 0
(e) Citizen of foreign country? — (Yes or No) 0
If yes, name country: —

3. (a) PRINT FULL NAME: ANNA A. KNOERNSCILD
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~~: Married
6. (b) Name of ~~husband or wife~~: Edwin Knoernschild
6. (c) Age of husband or ~~wife if~~ alive: 74 years
7. Birth date of deceased: Sept (Month) 9 (Day) 1875 (Year)
8. AGE: Years 72 Months 8 Days 21 If less than one day ..... hr. ..... min.
9. Birthplace: St Louis Mo (City, town, or county) (State or foreign country)
10. Usual occupation: Housework
11. Industry or business:
FATHER 12. Name: Carl Eschebard
13. Birthplace: Germany (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Meyer
15. Birthplace: Germany (City, town, or county) (State or foreign country)
16. (a) Informant: Edwin Knoernschild
(b) Address: Augusta Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6-1-48 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~: Lutheran Cemetery
18. (a) Signature of funeral director: Theiling & Mueller
(b) Address: Augusta Mo
19. (a) 6-1-48 (Date received local registrar) (b) Mrs Viola Fluemmer (Registrar's signature) 240

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: May day: 30 year: 1948 hour: ..... minute: 1 P.M.
21. I hereby certify that I attended the deceased from May 21, 1948, to May 30, 1948, that I last saw her alive on May 29, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute myocarditis	1 week
Due to: Chronic myocarditis	1 week
Due to: cerebral hemorrhage	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations: 0
Of autopsy: 0

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:
23. Signature: Herbert N Schmidt (M. D. or other)
Address: Marthasville Mo Date signed: 5-31-48

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

Date Filed JUN 9 1948

District File Number

District Health Officer No. 9,

FEB 24 1955

JUN 4 1957

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 Howard Oscar Kessler Registered Apprentice No. 201, working under my personal supervision.

Signed Marvin Mushony

Licensed Embalmer No. 2461

P. O. Address Wentzville 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.