

FILED OCT 19 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36102

BIRTH NO. _____ REG. DIST. NO. 362 PRIMARY REG. DIST. NO. 4531 Registrar's No. 46

1. PLACE OF DEATH a. COUNTY Warren		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Charles	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Warrenton		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Charles	
c. LENGTH OF STAY (In this place) 13 days		929	
d. FULL NAME OF HOSPITAL OR INSTITUTION: Katie Jane Mem. Home 4		d. STREET ADDRESS (If rural, give location) 1017 North Third Street	

3. NAME OF DECEASED (Type or Print) a. (First) Anna	b. (Middle) M.	c. (Last) Knoblauch	4. DATE OF DEATH (Month) (Day) (Year) Sept. 29 49
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH Nov. 6 1880	9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home duties	11. BIRTHPLACE (State or foreign country) St. Charles Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME John Moeller	13b. MOTHER'S MAIDEN NAME Mary Borgmeyer	14. NAME OF HUSBAND OR WIFE Edward M. Knoblauch 1/8/46
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. NIL	17. INFORMANT'S SIGNATURE OR NAME Mrs. Adele C. Seeler-St. Charles, Mo.	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 4222
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral embolism		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Paludism hyperstatic belated DUE TO (c) Myocarditis chronic		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Sept. 19 1949, to Sept. 28, 1949, that I last saw the deceased alive on Sept. 28 49 and that death occurred at 6 p m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Harold H. Holshuis M.D.	23b. ADDRESS Warrenton Missouri	23c. DATE SIGNED Sept. 29
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE October 3-1949	24c. NAME OF CEMETERY OR CREMATORY St. Peter Cemetery	24d. LOCATION (City, town, or county) (State) St. Charles, Missouri
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DATE REC'D BY LOCAL REG. 9-30-49	REGISTRAR'S SIGNATURE Tracy Logan	421	25. FUNERAL DIRECTOR'S SIGNATURE H. C. Hallmeyer & Sons Co	ADDRESS 800 N. 2nd - St. Charles, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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District File Number

District Health Officer No. 9,

RECEIVED
OCT 17 1949

OCT 21 1952

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 4189

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed Joseph I Landolt

Licensed Embalmer No. 4189

P. O. Address St Charles

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.