

FILED JAN 13 1951

STANDARD CERTIFICATE OF DEATH

42477
State File No. 11178
Registrar's No.

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH
a. COUNTY _____
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS
c. LENGTH OF STAY (In this place) _____
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) MISSOURI BAPTIST HOSP.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE ILLINOIS b. COUNTY CLINTON
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CENTRALIA
d. STREET ADDRESS (If rural, give location) 503 WEST 17th

3. NAME OF DECEASED (Type or Print) a. (First) ALMA b. (Middle) C. c. (Last) KNICKER
4. DATE OF DEATH (Month) (Day) (Year) 12/26/50

5. SEX FEMALE 6. COLOR OR RACE WHITE 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED
8. DATE OF BIRTH Nov. 12, 1892 9. AGE (In years last birthday) 58 IF UNDER 1 YEAR Months Days IF UNDER 1 HR. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home
10b. KIND OF BUSINESS OR INDUSTRY _____
11. BIRTHPLACE (State or foreign country) Clinton County, Ill.
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME FRED STUEHMEIER 13b. MOTHER'S MAIDEN NAME WILHELMINA HUESKEMEYER 14. NAME OF HUSBAND OR WIFE HENRY WILBUR KNICKER

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. _____
17. INFORMANT'S SIGNATURE OR NAME WILBUR KNICKER ADDRESS CENTRALIA, ILL.

18. CAUSE OF DEATH (Enter only one cause per member (a), (b), and (c))
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Anemia
ANTECEDENT CAUSES DUE TO (b) Tubular Nephrosis
DUE TO (c) Carcinoma of Gall Bladder with Metastases
II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.) hypertension
19. DATE OF OPERATION _____
20. AUTOPSY? YES NO

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) _____
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____
21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK
21f. HOW DID INJURY OCCUR? 155X

22. I hereby certify that I attended the deceased from 30 Nov, 1950 to 1 Dec, 1950, that I last saw the deceased alive on Dec 28, 1950, and that death occurred at 11:20 P.M., from the causes and on the date stated above.

23a. SIGNATURE Leo Gottlieb MD (Degree or title) 23b. ADDRESS 457 N Kings Highway 23c. DATE SIGNED 12/27/50

24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL 24b. DATE 12/29/50 24c. NAME OF CEMETERY OR CREMATORY ELMWOOD 24d. LOCATION (City, town, or county) (State) CENTRALIA, ILLINOIS

DATE REC'D BY LOCAL REG. DEC 29 1950 REGISTRAR'S SIGNATURE J. B. Lasater FUNERAL DIRECTOR'S SIGNATURE Human Burial Socy Inc 5716 Pelham ADDRESS _____

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

APR 19 1951

MAY 3 1951

11111

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

John Ketter

Signed.....
Student Embalmer

Licensed Embalmer No. 3880

P. O. Address.....

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No. 42477

State of Illinois }
County of Marion } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 11178

On this 30th day of March, 19451, before me appears.....
Wilbur Knicker, who, upon his oath, states that the original record of ~~birth~~^{death}
for Alma C. Knicker ~~born~~^{died} December 26, 1950 in the State of
Missouri, and which was filed at St. Louis, Missouri Jan. 13, 1951, should be corrected as follows:

Item No. 14 should read HENRY KNICKER

Instead of Wilbur Knicker

Item No. should read.....

Instead of.....

The above is true to the best of my knowledge, information and belief.

X (SEAL)

Affiant Wilbur A. Knicker
Wilbur Knicker Relationship.
Centralia, Ill.
Present Address.

Subscribed and sworn to before me this 30th day of March, 1951.

My Commission expires Feb. 7, 1952
Velma Queen Notary Public.

Affidavits containing erasures will not be septed; draw one line through error and write above it.