

FILED MAY 24 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17698
95

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. _____

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| 1. PLACE OF DEATH a. COUNTY St. Charles | | 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) St. Charles | | c. CITY (If outside corporate limits, write RURAL and give township) OR "Rural" St. Charles Twsp | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Colonial Nursing Home | | d. STREET ADDRESS (If rural, give location) R.R. 3 (Black Walnut) | |

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|--|--------------------------------|--------------------------|----------------------------|--|
| 3. NAME OF DECEASED (Type or Print) | a. (First) Elizabeth | b. (Middle) M. | c. (Last) Knobbe | 4. DATE OF DEATH (Month) (Day) (Year) May 14 1951 |
|--|--------------------------------|--------------------------|----------------------------|--|

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|---|----------------------------------|--|---|---|------------------------|--|-----------------------------|
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH October 22, 1872 | 9. AGE (In years last birthday) 78 | 10. MONTHS 6 | 11. DAYS 22 | IF UNDER 18 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY own home | | 11. BIRTHPLACE (State or foreign country) St. Charles County, Mo. | | 12. CITIZEN OF WHAT COUNTRY? USA | |

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|---|---|--|---------------------------------------|
| 13a. FATHER'S NAME Joseph Schroeder | 13b. MOTHER'S MAIDEN NAME Mary Kampmann | 14. NAME OF HUSBAND (If deceased) Frank Knobbe | 14. DATE OF DEATH 5/15/1940 |
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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 Frank W. Knobbe (son) | 17. ADDRESS Black Walnut, Mo. |
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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, asphyxia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive and Arteriosclerotic | | INTERVAL BETWEEN ONSET AND DEATH unknown |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Heart Disease | | |
| | DUE TO (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION None | 19b. MAJOR FINDINGS OF OPERATION None | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) None | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) None | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) None |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) None | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? None |
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22. I hereby certify that I attended the deceased from **1949**, 19**49**, to **May 14, 1951**, that I last saw the deceased alive on **May 14, 1951**, and that death occurred at **10:55 a.m.**, from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) Don Z. Randall, M.D. | 23b. ADDRESS 207 N. 5th St. St. Charles, Mo. | 23c. DATE SIGNED May 16, 1951 |
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|--|---------------------------------|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE May 17-1951 | 24c. NAME OF CEMETERY St. Francis Cemetery | 24d. LOCATION (City, town, or county) (State) Portage des Sioux, Mo. |
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|--|--|--|---|
| DATE REC'D BY LOCAL REG. 5716-57 | REGISTRAR'S SIGNATURE Theresa Brundage | 25. FUNERAL DIRECTOR'S SIGNATURE H. O. Hallmeyer & Sons Co | ADDRESS 800 N. 2nd St. St. Charles, Mo. |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

4

File No. _____
DISTRICT HEALTH OFFICE No. 4

MAY 23 1951

RECEIVED

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.....
Student Embalmer

Signed Herbert C. Dallmeyer

Licensed Embalmer No. 4546

P. O. Address St. Charles, 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.