

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 11827
2784

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY <u>Missouri Pacific Hospital</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis - Mo -</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>BALLWIN 4750</u>		d. STREET ADDRESS (If rural, give location) <u>RIES ROAD</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mo. PACIFIC HOSP.</u>				d. STREET ADDRESS					
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> <u>Knobeloch</u>			b. (Middle) <u>Harry</u>		c. (Last) <u>Knobeloch</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>3 11 - 1953</u>		
5. SEX <u>M.</u>		6. COLOR OR RACE <u>W.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>10/21/1877</u>		9. AGE (In years last birthday) <u>75</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED RATE CLERK</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Mo. PAC. R. R.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>			
13a. FATHER'S NAME <u>LOUIS KNOBELOCH</u>			13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>			14. NAME OF HUSBAND OR WIFE <u>AMALIA FISCHER KNOBELOCH</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. <u>702-14-1036</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Amalia Knobeloch, Ballwin, Mo</u>					
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, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Innodental ulcer</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					INTERVAL BETWEEN ONSET AND DEATH <u>10 yrs</u>		
18. CAUSE OF DEATH		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>A.S.H.D.; Cardiac Decompensation 2 3/4 yrs</u>							
19a. DATE OF OPERATION <u>3-2-53</u>		19b. MAJOR FINDINGS OF OPERATION <u>Penetrating duodenal ulcer</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>5411</u>					
22. I hereby certify that I attended the deceased from <u>3-2</u> , 19 <u>53</u> , to <u>3-11</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>3-10</u> , 19 <u>53</u> , and that death occurred at <u>6:25 p.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>H. Remington MD</u>				23b. ADDRESS <u>607 N grand</u>		23c. DATE SIGNED <u>3-12-53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>3/14/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ST. PETER'S CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>MAR 14 1953</u>		REGISTRAR'S SIGNATURE <u>Earl Smith MD</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>SCHUBERT FUNL HOME, BALLWIN, Mo</u>				

1872 (Licensed Embalmer's Statement on Reverse Side)

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

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Richard Byss

Licensed Embalmer No. 4584

P. O. Address Ballwin, 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.