

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30138**
7648
Registrar's No.

FILED **AUG 31 1953**

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY 2057			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) 5 days		c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Baptist Hospital		e. STREET ADDRESS (If rural, give location) 948 Catalpa Avenue			
3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) H. c. (Last) Knobloch			4. DATE OF DEATH (Month) (Day) (Year) 8 - 3 - 1953		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 11 - 18 - 1883	9. AGE (In years last birthday) 69	10. IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Factory laborer		10b. KIND OF BUSINESS OR INDUSTRY National Lead Co.		11. BIRTHPLACE (City and State or Foreign Country) Louisville, Kentucky	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Peter Knobloch		13b. MOTHER'S MAIDEN NAME Katherine Voelker	
14. NAME OF HUSBAND OR WIFE Maude Knobloch		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. 494-05-1855A	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Maude Knobloch		ADDRESS 948 Catalpa Ave			
MEDICAL CERTIFICATION					
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) Yolemia			INTERVAL BETWEEN ONSET AND DEATH 4 days
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Occlusion			5 days
		DUE TO (c) Arterio sclerotic heart disease			6 mo.
		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 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) 420, D	
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?	
22. I hereby certify that I attended the deceased from 12 May , 19 53 , to 3 Aug , 19 53 , that I last saw the deceased alive on 3 Aug , 19 53 , and that death occurred at 10:10 a.m. , from the causes and on the date stated above.					
23a. SIGNATURE Luke A. Kriese, M.D. (Degree or title)			23b. ADDRESS 1506 Hudsonmont Ave		23c. DATE SIGNED 4 Aug. 53
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 8/6/53		24c. NAME OF CEMETERY OR CREMATORY St. Johns Cemetery	
				24d. LOCATION (City, town, or county) (State) Granite City, Illinois	
DATE REC'D BY LOCAL REG. AUG 5 1953		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE Drehmann-Harral ADDRESS 1905 Union Blvd.	

Dr. Luke A. Knese 10 - 12
1506 Hoddiamont Ave. 2 - 5

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.....
Signature of Student Embalmer

Signed *Albert R. Thompson*
Licensed Embalmer No. *4237*
P. O. Address *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.