

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-009253

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 547 Registrar's No. 494

DO NOT WRITE ON THIS STUB

AMENDED

FILED FEB 23 1962

VS 300
Rev. 4/59

1 4005

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY: <u>Saint Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: <u>Missouri</u> b. COUNTY: <u>St. Chas.</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: <u>Richmond Heights</u>		Length of stay in lb: <u>4 weeks</u>	c. CITY OR TOWN: <u>Saint Charles</u>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION: <u>St. Mary's Hosp.</u>		Inside Limits: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location): <u>330 Madison</u>	
3. NAME OF DECEASED (Type or print) First: <u>Eugene</u> Middle: <u>F.</u> Last: <u>Knoblauch</u>		4. DATE OF DEATH: <u>Feb. 8, 1962</u>		
5. SEX: <u>Male</u>	6. COLOR OR RACE: <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH: <u>Feb. 5, 1891</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <u>poultry</u>		10b. KIND OF BUSINESS OR INDUSTRY: <u>Vogt Brothers</u>	9. AGE (last birthday): <u>71</u> IF UNDER 1 YEAR: Months <u>0</u> Days <u>3</u> IF UNDER 24 HR: Hours <u> </u> Min. <u> </u>	
11. BIRTHPLACE (City and state or country): <u>Saint Charles, Mo.</u>		12. CITIZEN OF WHAT COUNTRY: <u>U.S.A.</u>		
13a. FATHER'S NAME: <u>William Knoblauch</u>		13b. MOTHER'S MAIDEN NAME: <u>Anna Weber</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>		14. NAME OF HUSBAND OR WIFE: <u>Alma E. Elmendorf</u>		
16. SOCIAL SECURITY NO.:		17. INFORMANT: <u>St. Charles, Mo. Mrs. Alma Knoblauch, 330 Madison</u>		
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Renal failure</u>			INTERVAL BETWEEN ONSET AND DEATH <u>6 days</u>	
DUE TO (b) <u>Electrolyte imbalance</u>				
DUE TO (c) <u>Cirrhosis of the liver, non-alcoholic</u>				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): <u>Recurrent pleural effusion and arteriosclerotic heart disease</u>			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY: Hour <u> </u> a.m. <u> </u> p.m.	Month, Day, Year: <u>12/14/61</u> to <u>2/8/62</u>		and last saw her ^{him} alive on <u>2/8/62</u>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):	20f. CITY, TOWN, OR LOCATION: <u>St. Charles</u>	COUNTY: <u> </u>	STATE: <u> </u>
21. I attended the deceased from <u>12/14/61</u> to <u>2/8/62</u> and last saw her ^{him} alive on <u>2/8/62</u> . Death occurred at <u>1:00 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE (Degree or title): <u>John M. McElroy M.D.</u>		22b. ADDRESS: <u>4161 Lindell Blvd., St. Louis 8,</u>	22c. DATE SIGNED: <u>2/9/62</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify): <u>Removal</u>	23b. DATE: <u>Feb. 12, 1962</u>	23c. NAME OF CEMETERY OR CREMATORY: <u>St. Peter's Cemetery</u>	23d. LOCATION (City, town, or county) (State): <u>Saint Charles, Mo.</u>	
24. FUNERAL DIRECTOR ADDRESS: <u>H.C. Dallmeyer & Sons Co., St. Charles, Mo.</u>		25. DATE RECD. BY LOCAL REG.: <u>2-10-62</u>	26. REGISTRAR'S SIGNATURE: <u>John C. Murphy M.D.</u>	

USE BLACK INK OR TYPEWRITER RIBBON

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

Licensed Embalmer No. 48329

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