

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

**AUG 9 1935**

24669

**1. PLACE OF DEATH**

County.....  
Township.....  
City St. Louis

Registration District No. **791**  
Primary Registration District No. **1003**

File No.....  
Registered No. **6081**  
St. .... Ward)

**2. FULL NAME**

Herman Knemoeller  
(a) Residence, No. 3713 N. 9<sup>th</sup> St., 26 Ward.  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 18 yrs.  mos.  ds. How long in U. S., if of foreign birth: 53 yrs.  mos.  ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wilhelmine

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 21 - 1849

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
86 4 25

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coal mine  
10. Date deceased last worked at this occupation (month and year) May 1935 11. Total time (years) spent in this occupation 39 years

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

13. NAME unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

15. MAIDEN NAME unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT Mrs. C. C. Bazin  
(ADDRESS) 3713 N 9<sup>th</sup> St - St. Louis, Mo

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Stanton Ill DATE July 18 1935

19. UNDERTAKER Wm. Stanton  
(ADDRESS) Stanton Ill

20. FILED JUL 16 1935 J. A. Bredeck  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 16 1935

22. I HEREBY CERTIFY, that I attended deceased from June 25<sup>th</sup> 1935 to July 16<sup>th</sup> 1935.  
I last saw h. alive on July 15<sup>th</sup> 1935 Death is said to have occurred on the date stated above, at 12:45 a.m.

The principal cause of death and related causes of importance were as follows:  
Uræmia  
Ch. hepatitis  
131  
Other contributory causes of importance:  
renal arteriosclerosis

Date of onset today

Name of operation..... Date of.....  
What test confirmed diagnosis? Lab Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide?..... Date of injury....., 19.....  
Where did injury occur?..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....  
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....  
If so, specify.....  
(Signed) Victor S. Swellock M. D.  
(Address) 2202 University St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

16  
33  
50

