WHITE PLAINLY—WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

FEB 8 1937

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3253

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1. PLACE OF DEATH

County

Township

City St. Louis (No. 2239 Dodier Street St. Ward)

Registration District No.

Primary Registration District No.

File No.

Registered No.

2. FULL NAME F. William Knollmann

(a) Residence, No. 2239 Dodier Street St., 20 Ward. 1
(Usual place of abode) (If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Katherine Knollmann (Worley)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan. 13, 1855

7. AGE: YEARS 81 | MONTHS 11 | DAYS 23 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Proprietor 10

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Knollmann Paper Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany 10

FATHER

13. NAME: Not Known

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany 10

MOTHER

15. MAIDEN NAME: Not Known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany 10

17. INFORMANT (ADDRESS): Walter H. Knollmann, 2239 Dodier Street

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Valhalla DATE: Jan. 8, 1937

19. UNDERTAKER (ADDRESS): Math. Hermann & Son, 2161 East Fair Avenue

20. FILED JAN 7 1937 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan. 5, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 31, 1936, to Jan 5, 1936

I last saw him alive on Jan 4, 1936. Death is said to have occurred on the date stated above, at 7:00 A. M. m.

The principal cause of death and related causes of importance were as follows:

Chr Myocarditis

Date of onset

Other contributory causes of importance: Chr Nephritis Influenza?

Name of operation Date of

What test confirmed diagnosis? 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? No

If so, specify

(Signed) A. H. Sewing, M. D.

(Address) 2342 St Louis Av