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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5087

FILED MAR 12 1940

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 1917

1. PLACE OF DEATH:

(a) County 1

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Lukes Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 days (Specify whether years, months or days)

In this community 540

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis 6
(If outside city or town limits, write "RURAL")

(d) Street No. 5941 Wells Ave
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ... years.

3. (a) PRINT FULL NAME RUTH S. KNOLL.

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive ... years

7. Birth date of deceased September 27, 1897. (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
42	4	27	hr. min.

9. Birthplace St. Louis, (City, town, or county) Missouri. (State or foreign country) 0

10. Usual occupation Librarian

11. Industry or business St. Louis Public Library

FATHER
12. Name Charles Knoll.
13. Birthplace St. Louis, (City, town, or county) Missouri. (State or foreign country)

MOTHER
14. Maiden name Emma Schumacher.
15. Birthplace Altamont, (City, town, or county) Illinois. (State or foreign country)

16. (a) Informant's own signature Mr. W. W. Schumacher.
(b) Address 5941 Wells Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-26-1940. (Month) (Day) (Year)
(c) Place: burial or cremation Lakes Charles Cem.

18. (a) Signature of funeral director Geo. L. Pleitsch Inc.
(b) Address 5966-68 Easton Ave.

19. (a) FEB 26 1940 (Date received local registrar) (b) J. F. Budesh (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 24 year 1940 hour 3:1 minute 40 A. M.

21. I hereby certify that I attended the deceased from December 21, 1939, to Feb 24, 1940, that I last saw her alive on Feb. 23, 11.30 PM, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Mesenteric thrombosis	5 days
Due to Following minor gynecological operation	A
Due to Necessary because patients tendency to clots	B
Other conditions Chronic colitis (Includes pregnancy within 3 months of death)	4 yrs

Major findings:
Of operations Small erosion of Cervix
Of autopsy Gangrene + multiple hemorrhage of colon

PHYSICIAN — Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature Ellen S. Loeffel (M. D. ~~or other~~)
Address 713 Metropolitan Bldg Date signed 2-24-40

(Licensed Embalmer's Statement on Reverse Side)

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 3454 David C. Gibson, Registered Apprentice No. ..... working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 5966 Easton St. Lo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.