

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

Do not use this space.

3491

**1. PLACE OF DEATH**

County..... Registration District No. 1003  
 Township St. Louis Primary Registration District No. 1003 File No. ....  
 City St. Louis (No. The Pacific Hospital) Registered No. 798 (Ward) .....

**2. FULL NAME** Ignace Knez

(a) Residence, No. 6060 E. ... St. 1 Ward. St. Louis  
 (Usual place of abode) Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? 30 yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX m 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 22 Dec. 1886

7. AGE YEARS 53 MONTHS 1 DAYS 6 If LESS than 1 day, ..... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Concrete worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Rail road

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) Croatia

13. NAME Joseph Knez

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Mary Knez 16060 E. ...

18. BURIAL, CREMATION, OR REMOVAL PLACE Calmery DATE Jan 23 1938

19. UNDERTAKER (ADDRESS) Wm. J. Monbelle 1926 ...

20. FILED Jan 22 1938 J. Bredeck Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 21 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 25 1935 to Jan 21 1935

I last saw him alive on Jan 20 1935. Death is said to have occurred on the date stated above, at 11:50 a.m.

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

Carcinoma of larynx  
Secondary metastasis  
W.M.

Other contributory causes of importance: .....

Name of operation laryngectomy Date of operation 3/2/38

What test confirmed diagnosis? Biopsy Was there an autopsy? no

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) Wm. J. Monbelle M. D. (Address) The Pacific Hospital

WRITE 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.

