

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

SEP 25 1937

31741

Do not use this space.

1. PLACE OF DEATH

(a) County

St. Louis

Registration District No.

788

(b) Township

Primary Registration District No.

4471

(c) City

(d) Street No.

7505 Devonshire Ave

Registered No.

92

(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred

yrs. mos. ds.

(f) How long in U. S., if of foreign birth?

yrs. mos. ds.

2. PRINT FULL NAME

Barbara E Knichel

(a) Residence, No.

7505 Devonshire Ave

St.

(Usual place of abode, if no street address, write county or city)

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

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

Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED

(MARRIED OF
(OR) WIFE OF

John Knichel

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

Dec 10, 1846

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1

day, hrs.

or min.

92

8

25

OCCUPATION

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

House Work

9. Industry or business in which work
was done, as saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year) 6 years11. Total time (years)
spent in this
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

Germany

FATHER

13. NAME

Unknown

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

Germany

MOTHER

15. MAIDEN NAME

Unknown

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

Germany

17. INFORMANT
(ADDRESS)

John Knichel

7505 Devonshire Ave

18. BURIAL, CREMATION, OR REBURY

PLACE Old St Peter Paul Sept 17, 1937

19. FUNERAL DIRECTOR
(ADDRESS)Michael J. Murphy
4422 S. Kingshighway
St. Louis, Mo.

20. FILED

9-6-1937

Julius R. Vore
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sunday Sept 5th 193722. I HEREBY CERTIFY, That I attended deceased from
Feb 15, 1930, to Sept 4th 1937I last saw him alive on Sept 4th 1937. Death is said
to have occurred on the date stated above, at 11:30 a.m.

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

Aortic Insufficiency

Date of onset
3 yrs

Other contributory causes of importance:

Genl arterio arteriosclerosis

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?

If so, specify

(Signed)

Joseph Knichel

(Address)

7363 1/2 Manchester Dr
Maplewood

7363^a Manchester

STATEMENT BY LICENSED EMBALMER

I, Reinhold K Lohmann, Licensed Embalmer No. 3395

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself
L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Reinhold K Lohmann
Licensed Embalmer No. 3395

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.)