

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.

00114 1937

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

32522

Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis,

(b) Township St. Louis, Mo.

(c) City St. Louis, Mo.

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

Registration District No.

Primary Registration District No.

(d) Street No. City Infirmary (If death occurred in Hospital or Institution, write its name instead of street and number)

(If death occurred in Hospital or Institution, write its name instead of street and number) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. City Infirmary, 5800 Arsenal St.

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

Hospital

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR

Widowed (write the word)

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

Frances Sweeney

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

December 12, 1878

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1

66

8

28

28

day, hrs. or min.

OCCUPATION

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

Meat Cutter

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

X

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

X

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Kirkwood,

Missouri.

FATHER

13. NAME

Peter Knierin.

14. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Unknown

MOTHER

15. MAIDEN NAME

Frances Sweeney.

16. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Unknown.

17. INFORMANT

(ADDRESS)

Mrs. Fred Ruder
New Gallop, Lehigh, Kansas

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Park Hill Cem.

DATE 9-13

1937

19. FUNERAL DIRECTOR

(ADDRESS)

Louis H. Beyer
Kirkwood, Missouri

20. FILED

SEP 13 1937
J. A. Bredeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

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

September 10, 1937

22. I HEREBY CERTIFY, That I attended deceased from November 28, 1933 to September 10, 1937

I last saw him alive on September 10, 1937 Death is said to have occurred on the date stated above, at 9:55 m. A.M.

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

Degenerative Heart Disease
arteriosclerosis

Other contributory causes of importance:

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) _____

(Address) _____

STATEMENT BY LICENSED EMBALMER

I, John M. Meyer, Licensed Embalmer No. 3288

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

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

Signed

John M. Meyer

Licensed Embalmer No. 3288

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.)