

REC'D MAY 6 1938

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

15835

Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 704
 (b) Township Jefferson Primary Registration District No. 109
 (c) City Maplewood (d) Street No. 3644 Commonwealth Ave. Registered No. 720
 (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 Roy F. Knochelman 524

(a) Residence, No. 3644 Commonwealth Avenue 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 18, 1896
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
42 3 0 _____
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Unemployed (Cripple)
 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) _____ 11. Total time (years) spent in this occupation _____
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jasper County, Illinois
 FATHER 13. NAME Henry Knochelman
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Germany
 MOTHER 15. MAIDEN NAME Dora Evans
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jasper County Illinois
 17. INFORMANT Henry Knochelman
 (ADDRESS) 3644 Commonwealth Ave., Maplewood
 18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Cemetery DATE April 20, 1938
 19. FUNERAL DIRECTOR Jay B. Smith Funeral Home
 (ADDRESS) 7456 Manchester Ave., Maplewood, Mo.
 20. FILED 4-20 1938 R. Meyer Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 18, 1938
 22. I HEREBY CERTIFY, That I attended deceased from Apr. 9th, 1938, to Apr. 17th, 1938
 I last saw him alive on Apr. 17th, 1938. 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:
Acute Endocarditis Date of onset _____
92N
 Other contributory causes of importance:
Chronic Endocarditis and lead in both lungs
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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? _____
 If so, specify _____ (Signed) W. Theo. J. Reed, M.D.
 (Address) 7460 Hazel ave. 707

a.k. (Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I, John Ketter, Licensed Embalmer No. 3880
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 John Ketter
Licensed Embalmer No. 3880

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.)