

1939 JUL 12

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

20216
Do not use this space.

1. PLACE OF DEATH

(a) County.....
(b) Township.....
or St. Louis
(c) City.....
(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.

Registration District No. **791**
Primary Registration District No. **1008**
City Hospital # 1

Registered No. **5060**

2. PRINT FULL NAME Mrs. Kate Knell

(a) Residence, No. **3300 Arsenal St.** St. **16**
(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 HUSBAND OF (OR) WIFE OF Late Albert Knell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 7, 1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 3 27

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as saw mill, bank, etc. at home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) 0

13. NAME Unknown Katzung 9

14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) 9

15. MAIDEN NAME Unknown

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

17. INFORMANT Mrs. William Jenny (ADDRESS) 3234a Pennsylvania Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE New St. Marcus DATE 6-5 1939

19. FUNERAL DIRECTOR (NAME) Kriegshauser Mortuari (ADDRESS) 4228 So. Kingshighway

20. FILED JUN 5 1939 J. B. ...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-3 1939

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at **4:00 A.M.**

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

Probable Asphyxy

Other contributory causes of importance:

g r b

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) *Joseph M. ...* (Address) *Deputy Coroner*

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.

1 X 1693

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *Edwin M. Bennett*
Licensed Embalmer No..... *3024*
P. O. Address.....

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.)

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