

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

20950

5794

Registrar's No.

USE JUL 12 1939

791

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

1003

- (a) County _____
 (b) City or town City of St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 6146 West Park 2
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community 68 years (Specify whether)
 years, months or days

3. (a) PRINT FULL NAME Otto Henry Knickmeyer3. (b) If veteran,
name war no3. (c) Social Security
No. _____4. Sex M
race W6. (a) Single, widowed, married,
divorced Married6. (b) Name of husband or wife
Julia Knickmeyer6. (c) Age of husband or wife if
alive 67 years7. Birth date of deceased Sept 19 1870
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
68 9 9 hr. min.9. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)10. Usual occupation Interior Decorator11. Industry or business Own business12. Name Ernest Knickmeyer18. Birthplace Germany
(City, town, or county) (State or foreign country)14. Maiden name Elizabeth Soller
(City, town, or county) (State or foreign country)15. Birthplace Germany
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Mrs. Julia Knickmeyer(b) Address 6146 West Park17. (a) Burial (b) Date thereof 7-1-39
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Calvary Cemetery18. (a) Signature of funeral director Albert H. Hoppe(b) Address 4700 Washington Blvd.19. (a) JUN 29 1939 (b) J. F. Bensch
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County City of St. Louis
 (c) City or town City of St. Louis 114
 (If outside city or town limits, write "RURAL")
 (d) Street No. 6146 West Park
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 28th
year 1939 hour 8 minute 20 A. M.21. I hereby certify that I attended the deceased from month 20
1939, to June 28, 1939;that I last saw him in alive on June 23/39, 1939;
and that death occurred on the date and hour stated above.

Immediate cause of death

Lymphatic leukemiaDue to Chromohypocorditis

Due to _____

Other conditions
(Include pregnancy within 3 months of death)Major findings:
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work, (Specify type of place) (e) Means of injury _____

28. Signature J. F. Bensch (M. D. or other)Address 203 Beaumont Rd. Date signed 6/29/39

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..... *Albert J. Hoffe*

Licensed Embalmer No..... *2471*

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.