

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

Do not use this space.

RECORDED OCT 14 1939

1. PLACE OF DEATH

County St. Louis, Mo
 Township.....
 City Firmin Desloge Hospital

Registration District No.....
 Primary Registration District No.....

30855

File No.....
 Registered No. 7918
 St. Ward)

2. FULL NAME

Catherine Knichel 524

(a) Residence, No. 342 Jefferson Ave St. NR Ward. Vally Park, Mo
 (Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 18 - 1886

AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
<u>53</u>	<u>7</u>	<u>20</u>		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as silk mill, 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) St. Louis, Mo (STATE OR COUNTRY) Missouri

FATHER 13. NAME James Gallagher

14. BIRTHPLACE (CITY OR TOWN) St. Louis, Mo (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Mary Ann Gilcrust

16. BIRTHPLACE (CITY OR TOWN) St. Louis, Mo (STATE OR COUNTRY)

17. INFORMANT John Knichel (ADDRESS) 342 Jefferson Ave, Vally Park

18. BURIAL, CREMATION, OR REMOVAL Burial PLACE New Pickers DATE 9/11/39

19. UNDERTAKER Geor J. Hoffmeister (ADDRESS) 4016 Chicago

20. FILED SEP 14 1939 John Beck Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 8, 1939

22. I HEREBY CERTIFY, That I attended deceased from August 30, 1939, to Sept 6, 1939
 I last saw her alive on September 6, 1939. Death is said to have occurred on the date stated above, at 8 p. m.

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

Other contributory causes of importance:
Valvular disease of Heart

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? No.
 If so, specify.....
 (Signed) W. E. O'Connell, M. D.
 (Address) 708 W. Manchester Ave
Wash. Broad
Mo.

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.

8162
2918

Statement of License Embalmer.

Thereby certify that the body whose name is on the reverse side
was embalmed by Ernest W. Spillers

License No. 4080

Post office 3528 Russell Pl.