

No. 2
11-10-39
-17-39
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 331605

Registration District No. 784

Primary Registration District No. 111

Registrar's No. 1782

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1724 Beulah Place
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town Richmond Heights
(If outside city or town limit, write "RURAL")
(d) Street No. 1724 Beulah Place
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

8. (a) PRINT FULL NAME Mary A. Kniest

3. (b) If veteran, name war _____ 3. (c) Social Security No. none

4. Sex Female 5. Color or race W. 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife BERNARD J. KNIEST 6. (c) Age of husband or wife if alive 18 years
7. Birth date of deceased Sept. 18, 1850
(Month) (Day) (Year)

8. AGE: Years 90 Months 1 Days 1 If less than one day hr. _____ min.

9. Birthplace Vincennes Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

12. Name William F. Edney
13. Birthplace Indiana
(City, town, or county) (State or foreign country)
14. Maiden name Mary Martha Palmer
15. Birthplace Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. J. A. McCue
(b) Address 1724 Beulah Place

17. (a) Burial (b) Date thereof Sept. 23, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Galvary Cemetery

18. (a) Signature of funeral director [Signature]
(b) Address 7146 Manchester Ave.

19. (a) SEP 20 1940 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 20 1940
year 1940 hour 10.30 minute _____ M.

21. I hereby certify that I attended the deceased from Jan 1 -
1940 to Sept 19, 1940
that I last saw h. et alive on Sept 19, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis 5 yrs

Due to Cardio Vascular Disease 5 yrs

Due to Heart Block 1 month

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations NO

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? _____

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

23. Signature [Signature] (M. D. or other) _____

Address 4340 W Pine Date signed 9-20-40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

Dr. Leeu Bouck
4390 W. Pine
-12-3-

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 *Francis A. Williamson*

Licensed Embalmer No. *3565*

P. O. Address *746 Manchester*

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.