

NOV 16 1940 791

Primary Registration District No. 1003

Registrar's No.

8238

1. PLACE OF DEATH:

(a) County _____
(b) City or town. St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Luke's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 days (Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Stanley J. Knecht

3. (b) If veteran, name war. Unknown 3. (c) Social Security No. None

4. Sex MALE 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Bennie 6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased May 30 1881
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
59 4 2 hr. min.

9. Birthplace Summerville Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation FLORAL Business

11. Industry or business _____

MOTHER FATHER { 12. Name Joseph Knecht
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Sarah McCormack
15. Birthplace Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. F. E. Gath
(b) Address Birmingham, Alabama.

17. (a) Removal (b) Date thereof 10-3-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Birmingham, Ala.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Ave.

19. (a) OCT 3 1940 (b) J. F. Braddock
(Date received local health officer) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Alabama (b) County _____
(c) City or town Birmingham NR
(If outside city or town limits, write "RURAL")
(d) Street No. 3404 Altamont Rd.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day Second
year 1940 hour 9 minute 40 P.M.

21. I hereby certify that I attended the deceased from Sept. 22, 1940, to October 2, 1940;
that I last saw him alive on October 2, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Edema of lungs, No pneumonia
Pulmonary Embolism
Due to Pit. Myocarditis 18 years

Due to 676
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations Candidiasis for Paralytic Agitation
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) (b) Means of injury _____
23. Signature A. M. Kleume (M. D. or other) M.D.
Address 4952 Maryland Date signed 10/3/40

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..... *Robert W. Harper*

Licensed Embalmer No..... *1861*

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, fact should be so stated above.