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X23159

FILED MAR 25 1941

Registration District No. **791** Primary Registration District No. \_\_\_\_\_ Registrar's No. **1872**

1. PLACE OF DEATH:  
(a) County **St. Louis**  
(b) City or town **St. Louis**  
(c) Name of hospital or institution **Enroute to City Hospital ?**  
(d) Length of stay: In hospital or institution **None**  
In this community **Unknown**

3. (a) PRINT FULL NAME **Lottie Burke Kneckstedt**  
(b) If veteran, name war **None** (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Widow**  
6. (b) Name of husband or wife **Not known** 6. (c) Age of husband or wife if alive **Deceased** years  
7. Birth date of deceased **November 2, 1855**

8. AGE: Years **85** Months **3** Days **23** hr. \_\_\_\_\_ min. \_\_\_\_\_  
If less than one day \_\_\_\_\_

9. Birthplace **Hamburg Missouri**

10. Usual occupation **At home**

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name **Julius Schmidt**  
13. Birthplace **Germany**  
14. Maiden name **Not known**  
15. Birthplace **Germany**

16. (a) Informant **Mrs Mary Dickson**  
(b) Address **3169 North 13th St.**

17. (a) **Burial** (b) Date thereof **2/28/41**  
(c) Place: burial or cremation **Friedens Cemetery**

18. (a) Signature of funeral director **Math Hermann & Son**  
(b) Address **2161 East Fair Ave**

19. (a) **FEB 27 1941** (b) **J. W. Bredeck**

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **000**  
(c) City or town **St. Louis**  
(d) Street No. **3507 North 9th St.**  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **February** day **25th**  
year **1941** hour **11:30 AM** minute \_\_\_\_\_ M. \_\_\_\_\_

21. I hereby certify that I attended the deceased from **Feb 24**, 19**41**, to **Feb 25**, 19**41**  
that I last saw h. **alive** on **Feb 25**, 19**41**,  
and that death occurred on the date and hour stated above.

Immediate cause of death **apoplexy**  
Due to **cardio-renal**  
**vascular**  
Due to **infarction of age**  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations **1/2/1**  
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? \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature **Edward H. Hantel**  
Address **1504 So Grand** Date signed **2-27-41**

Duration **24 hours**  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

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**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

*William G. Buchholz*

Licensed Embalmer No. *2110*

P. O. Address *St. Louis, Mo.*

**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.**