

13-40  
17-39  
X23159

FILED APR 21 1941

791

1003

Registration District No.

Primary Registration District No.

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: Desloge Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 weeks  
(Specify whether \_\_\_\_\_)  
In this community 59 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1420 Mount Rose  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME

ALOIS KNICHEL

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex male  
5. Color or race white  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Catherine  
6. (c) Age of husband or wife if alive 58 years  
7. Birth date of deceased Jan. 16, 1882  
(Month) (Day) (Year)

8. AGE: Years 59 Months 2 Days 12  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace St. Louis, Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Butcher

11. Industry or business Retired

12. Name Jacob Knichel

13. Birthplace Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Annie Fall

15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Catherine Knichel  
(b) Address 1420 Mount Rose

17. (a) Burial (b) Date thereof Mar. 31, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old Peter and Paul Cemetery  
18. (a) Signature of funeral director Edu. F. Howard  
(b) Address St. Louis, Missouri  
19. (a) MAR 30 1941 (b) J. W. Brubaker  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 28  
year 1941 hour 9.20 minute P. M.

21. I hereby certify that I attended the deceased from 2-27, 1941, to 3-28, 1941;  
that I last saw him alive on 3-28-41, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death Respiratory insufficiency  
Due to Multiple Lung Abscesses and Bilateral Empyema  
Due to Bilateral Empyema  
Non-malignant non-S.B.  
Other conditions cause undetermined  
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings: Bilateral Empyema  
Of operations \_\_\_\_\_  
Of autopsy same + multiple lung abscesses

Underline the cause to which death should be charged statistically.

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? Y

Y  
While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature J. W. Brubaker (M. D. or other) \_\_\_\_\_  
Address Desloge's Bldg. Date signed \_\_\_\_\_

3-27-41

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

999

**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.....

*Jos A Howard*

Licensed Embalmer No. *4139*

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.**