

No. 2  
-1-4-41  
5-17-39  
X26390

FILED AUG 28 1941

791

Primary Registration District No. 1003

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

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:  
2824A ST. VINCENT. AV.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community \_\_\_\_\_ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County \_\_\_\_\_  
(c) City or town ST. LOUIS 23  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2824A ST. VINCENT  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME WILLIAM KNESE

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 WIDOWER

6. (b) Name of husband or wife MARY KNESE 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased AUGUST 16 1853  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
87 11 4 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace GERMANY 4  
(City, town, or county) (State or foreign country)

10. Usual occupation NIL

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

12. Name WILLIAM KNESE

13. Birthplace GERMANY 4  
(City, town, or county) (State or foreign country)

14. Maiden name UNKNOWN

15. Birthplace GERMANY 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Katherine Knese

(b) Address 2824<sup>a</sup> St Vincent av

17. (a) BURIAL (b) Date thereof JULY 24 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation OLD S.S. PETER & PAUL CH

18. (a) Signature of funeral director E. J. Schurr

(b) Address 3125 Lafayette av

19. (a) JUL 23 1941 (b) J. J. Breteck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 20  
year 1941 hour 4 minute 30 P.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_  
\_\_\_\_\_ 1936 to July 20 1941  
that I last saw him alive on July 19 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction Duration 5 yrs

Due to Coronary atherosclerosis

Due to 930

Other conditions Congestive heart failure 3 days  
(Include pregnancy within 3 months of death)

Major findings No pneumonia PHYSICIAN \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy ✓ 930  
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? \_\_\_\_\_

(Specify type of injury) \_\_\_\_\_  
While at work? \_\_\_\_\_ (e) Manner of injury \_\_\_\_\_

23. Signature B. Shaublin (M. D. or other) \_\_\_\_\_  
Address 1314 S. Jefferson Date signed 7/21/41

**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..... *Jose B. Hollmer* .....

Licensed Embalmer No. *4014*

P. O. Address *3125 Lafayette Ave*

**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.**