

Registration District No. 791

Primary Registration District No. 1005

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:
En Route to City Hospital #1 17
(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
(If outside city or town limits, write "RURAL")
(d) Street No. 4275 Russell Blvd
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME Adele Knippenberg
3. (b) If veteran, name war ***** 3. (c) Social Security No. *****
4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widow
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased October 12 1878
(Month) (Day) (Year)

20. DATE OF DEATH: Month 12th day January
year 1942 hour 4 minute 45 P.

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

8. AGE: Years Months Days If less than one day
63 0 3 hr. min.

Immediate cause of death Labor Pneumonia Primary
Due to.....
Due to.....

9. Birthplace Missouri (City, town, or county) (State or foreign country) D
10. Usual occupation At Home

Other conditions (Include pregnancy within 3 months of death) 108
Major findings: Of operations.....
Of autopsy.....

11. Industry or business John P. Roemmich
12. Name Germany 4
13. Birthplace Katherine Hertel (City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.

14. Maiden name Missouri
15. Birthplace Missouri (City, town, or county) (State or foreign country) D

16. (a) Informant Arnold J. Roemmich
(b) Address 6935 W. Park Ave
17. (a) Burial (b) Date thereof Jan 15 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

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) (e) Means of injury.....

(c) Place: burial or cremation Valhalla Cemetery
18. (a) Signature of funeral director Petz Brothers
(b) Address 3029 Lafayette Ave
19. (a) Jan 19 1942 (b) J. J. Brudeck
(Date received from registrar) (Registrar's signature)

23. Signature Thomas F. Callaway
Address Deputy Coroner Date signed 1/14/42

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

MOTHER FATHER

8

069
199

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 Paul J. Duran
Licensed Embalmer No. 2245
P. O. Address St. Louis

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.