S. No. 2
M—9-4-41
v. 5-17-39
B-I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 22 1942 791

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

1003

16336

State File No.

Registration District No. Primary Registration District No. Registrar's No. 5126

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:
Goodfellow&W.Florissant Aves. 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 40 Years.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County 009 17 9

(c) City or town St. Louis.
(If outside city or town limits, write "RURAL")

(d) Street No. 5803 Vivian Ave.
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Christina Knetter.

3. (b) If veteran, name war No.

3. (c) Social Security No. None.

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed. 2

6. (b) Name of husband or wife Late William Knetter

6. (c) Age of husband or wife if alive years

7. Birth date of deceased March 26 1875.
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
67	2	15	hr. min.

9. Birthplace Darmstadt, Illinois. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Housework.

11. Industry or business

FATHER
12. Name Conrad Heberer.
13. Birthplace Illinois. 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Catherine ???.
15. Birthplace Germany. 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Helen Settlage.
(b) Address 5803 Vivian Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-13-42. (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Mausoloum.

18. (a) Signature of funeral director Hy. Leidner Und. Co.
(b) Address 2223 St. Louis Ave.

19. (a) JUN 12 1942 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 11th year 1942 hour 12:15 minute P. M.

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.

Immediate cause of death Internal hemorrhage from laceration of left lung and fracture of the skull when the car in which

Due to she was riding and driven by one Ferdinand Harman, and a truck driven

Due to by one William B. Shoemaker collided at Goodfellow & West Florissant

Other conditions about 12:05 P.M., June 11, 1942
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

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) Accident 000

(b) Date of occurrence June 11, 1942

(c) Where did injury occur? St. Louis, Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? In Public Place
(Specify type of place)

While at work? (e) Means of injury

23. Signature Thomas F. Callanan (M. D. or other)

Address Deputy Coroner Date signed 6/12/42

(Licensed Embalmer's Statement on Reverse Side)

SEP 17 1943

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 Homer L. Ponder

Licensed Embalmer No. 3367

P. O. Address 2223 St. Louis 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.