09
S. No. 2
M—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 14 1943 318

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

38955

State File No. 44

Registration District No. ..... Primary Registration District No. 1003 Registrar's No. .....

1. PLACE OF DEATH:

(a) County .....

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Louis City Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 Days (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State ..... (b) County 28 000

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

(d) Street No. Unknown 17
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No) 9

If yes, name country 0

3. (a) PRINT FULL NAME Charles F. Knoch

3. (b) If veteran, name war ..... 3. (c) Social Security No. .....

4. Sex Male ~~White~~ 0 | 5. Color or race White | 6. (a) Single, widowed, married, divorced ? 9

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

7. Birth date of deceased about 1858 (Month) (Day) (Year)

8. AGE: Years about 85 | Months – | Days ? | If less than one day ..... hr. ..... min.

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

10. Usual occupation .....

11. Industry or business .....

FATHER
12. Name Unknown
13. Birthplace ..... (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name .....
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Ida Knoch
(b) Address 1021 15th St.

17. (a) ..... (Burial, cremation, or removal) (b) Date thereof Jan 4 43 (Month) (Day) (Year)
(c) Place: burial or cremation St Peter Cemetery

18. (a) Signature of funeral director Benjamin Nichols
(b) Address 1431 Union Ave.

19. (a) JAN 4 1943 (Date received local registrar) (b) J. F. Bridick (Registrar's signature)

444

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 1, year 1943 hour 3:35 minute P. M.

21. I hereby certify that I attended the deceased from December 28, 1942, to January 1, 1943; that I last saw him alive on January 1, 1943; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death arteriosclerotic heart disease	
Due to	
Due to 1/2	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy Refused	

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) .....

(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 place)

While at work? ..... (e) Means of injury .....

23. Signature Drew M. Petersen (M. D. or other)

Address 1515 Lafayette Ave. Date signed 1/2/43

(Licensed Embalmer's Statement on Reverse Side)

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.

Not Embalmed

Signed.....

Licensed Embalmer No.....

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.