

FILED FEB 23 1943 318

State File No.
 Registrar's No. 1453

Registration District No. Primary Registration District No. 1003

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:
3021 Bailey Ave.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution (Specify whether
 In this community 40 Years. (Specify whether
 years, months or days)

2. USUAL RESIDENCE OF DECEASED: 100
 (a) State Missouri. (b) County 17
 (c) City or town St. Louis. (If outside city or town limits, write "RURAL") 9/10
 (d) Street No. 3021 Bailey Ave. (If rural, give location)
 (e) Citizen of foreign country? (Yes or No)
 If yes, name country 0

3. (a) PRINT FULL NAME Karl E. Knispel.
 3. (b) If veteran, name war None. 3. (c) Social Security No. None.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married.
 6. (b) Name of husband or wife Margaret Knispel 6. (c) Age of husband or wife if alive 54 years
 7. Birth date of deceased August 4 1876.
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 6 9 hr. min.

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

10. Usual occupation Retired.

11. Industry or business

MOTHER FATHER
 12. Name Charles P. Knispel
 13. Birthplace Germany. (City, town, or county) (State or foreign country)
 14. Maiden name Maria Louise Joerg.
 15. Birthplace Cuba. (City, town, or county) (State or foreign country)

16. (a) Informant Margaret Knispel.
 (b) Address 3021 Bailey Ave.

17. (a) Cremation (b) Date thereof 2-15-43.
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Oak Grove Crematory.

18. (a) Signature of funeral director Hy. Leidner Und. Co.
 (b) Address 2225 St. Louis Ave.

19. (a) FEB 18 1943 (b) J. J. Bradeck
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 13
 year 1943 hour 6:40 A.M. minute M.

21. I hereby certify that I attended the deceased Feb 6 1943 to Feb 13 1943
 that I last saw him alive on Feb 13 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Stomach Duration 2-6-42

Due to
 Due to H.I.

Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings:
 Of operations
 Of autopsy
 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?

While at work (Specify type of place) (c) Means of injury
 23. Signature Wm. D. ... M. D. or other W.D.
 Address 3202 N. ... Date signed 1-31-43

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

Dr. Byrnes
Grand & Harper
12-2 P.M.

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 0203 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.