

FILED JUN 30 1943 318

Registration District No. \_\_\_\_\_ Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
1443 N. MARKET ST. 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community Life  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000 17 6  
(c) City or town St. Louis 92  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1443 N. MARKET ST.  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country A

3. (a) PRINT FULL NAME ISABELLA M. KNIKER

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

4. Sex Fe. 5. Color or race W. 6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife ALBERT 6. (c) Age of husband or wife if alive 43 years  
7. Birth date of deceased JULY 14 1900  
(Month) (Day) (Year)

8. AGE: Years 42 Months 11 Days 3 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace St. Louis Mo. 0  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business =

MOTHER FATHER { 12. Name Christian Schoenhard  
13. Birthplace St. Louis (City, town, or county) (State or foreign country)  
14. Maiden name GENEVIEVE DRISCOLL  
15. Birthplace St. Louis (City, town, or county) (State or foreign country)

16. (a) Informant Albert Kniker  
(b) Address 1443 North Market St.

17. (a) BURIAL (b) Date thereof JUNE 21 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old St. MARCUS

18. (a) Signature of funeral director Benedictus James  
(b) Address 1526 St. Louis Ave

19. (a) JUN 21 1943 (b) J. F. Bredeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 17<sup>th</sup>  
year 1943 hour 12:15 minute A. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Thrombosis;  
Coronary Sclerosis.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions: PH  
(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) \_\_\_\_\_  
(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 \_\_\_\_\_

23. Signature Thomas F. Callahan (M.D. or other)  
Address Deputy Coroner Date signed 6-18-43

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

MAY 3  
1955

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.....

*Matthew Mc Gaban*

Registered Apprentice No. *352*

working under my personal supervision.

Signed.....

*Eric Hat*  
Licensed Embalmer No. *3737*

P. O. Address. *1936 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.**