S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 30109

FILED OCT 2 - 1943

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 8351

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

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: Isolation Hospital
(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 Illinois (b) County Madison
(c) City or town Edwardsville
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Louise Knackstedt
3. (b) If veteran, name war None
3. (c) Social Security No. Unknown
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Herman Knackstedt
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April (Month) 9th (Day) 1876 (Year)

8. AGE: Years 67 Months 5 Days 10 If less than one day hr. min.

9. Birthplace Madison County (City, town, or county) Illinois (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Henry Stahthut
13. Birthplace Madison County (City, town, or county) Illinois (State or foreign country)
MOTHER
14. Maiden name Louise Nierman
15. Birthplace Unknown (City, town, or county) Germany (State or foreign country)
16. (a) Informant Herman Knackstedt
(b) Address Edwardsville, Illinois
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 9/20/43 (Month) (Day) (Year)
(c) Place: burial or cremation Edwardsville, Ill.
18. (a) Signature of funeral director Albert H. Hoppe Inc.
(b) Address 4700 Washington Blvd.
19. (a) SEP 20 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 19 year 1943 hour 9:15 minute A. 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 Acute Nephritis; Septicemia; when deceased stuck an ice pick
Due to in her right hand at her home on or about Aug. 27th, 1943, exact
Due to time unknown.

Other conditions
(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
(b) Date of occurrence Aug. 27, 1943
(c) Where did injury occur? Edwardsville, Ill. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? In Home (Specify type of place)
While at work? (e) Means of injury

23. Signature [signature] (M. D. or other)
Address Deputy Coroner Date signed 9/20/43

(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.

Signed John Agonoski

Licensed Embalmer No. 3398

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.**