

Registration District No. 318

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: Euroto to #1 King
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 (Specify whether)
In this community 3 years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County 009
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 49
(d) Street No. 5729 Dale Ave (If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country 0

3. (a) PRINT FULL NAME DELLA (DOLIE) KNEZ

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife John Knez 6. (c) Age of husband or wife if alive 47 years
Birth date of deceased May 8th 1892 (Month) (Day) (Year)

8. AGE: Years 51 Months 3 Days 28 If less than one day hr. min.

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

10. Usual occupation Housework

11. Industry or business

MOTHER FATHER { 12. Name John Palon
13. Birthplace Tennessee (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Tennessee (City, town, or county) (State or foreign country)

16. (a) Informant Ruth Cresson
(b) Address 1819 Menard St.
17. (a) Burial (b) Date thereof 9-4-43 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Frederick J. Biedack
(b) Address 4728 So. Hingst Highway
19. (a) SEP 6 1943 (b) J. F. Biedack (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept, day 5th, year 1943 hour 9:00 minute 11 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 Empyema of Gall Bladder
Chronic Hypertensive myocarditis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 93
Of autopsy

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?

23. Signature Thomas J. Callahan (Specify type of place) (e) Means of injury _____
Deputy Coroner (M. D. or other) _____
Address _____ Date signed 9-4-43

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

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 *Edwin A. McAlenah*

Licensed Embalmer No. *3024*

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.