

No. 2
-5-43
-17-39
X36671

FILED FEB 1 1944
Registration District No. 318

1003

Primary Registration District No.

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

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:
De Paul 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: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis 45
(If outside city or town limits, write "RURAL")

(d) Street No. 1295 Hamilton Blvd.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Gertrude Knies

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, Widower

6. (b) Name of husband or wife August Knies

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

7. Birth date of deceased Dec. 10 1890
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

53 1 9 hr. min.

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

10. Usual occupation Housewife

11. Industry or business 55

MOTHER FATHER { 12. Name James Ward

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

14. Maiden name Elizabeth Unknown

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

16. (a) Informant Ray J. Ward

(b) Address 1295 Hamilton Blvd.

17. (a) Burial (b) Date thereof 1-22-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Peter and Paul

18. (a) Signature of funeral director Albert H. Hoppe, Inc.

(b) Address 4700 Washington Blvd.

19. (a) JAN 21 1944 (b) J. Bradeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. 19 day 19
year 1944 hour 9:30 minute A. M.

21. I hereby certify that I attended the deceased from Jan 16 1944 to Jan 19 1944
that I last saw her alive on Jan 18 1944
and that death occurred on the date and hour stated above.

Immediate cause of death: Pulmonary metastases of adenocarcinoma

Due to: Generalized

Duogo: Adenocarcinoma of abdominal & pelvic organs

Other conditions: Primary sites of carcinoma

Major findings: Adenocarcinoma of abdominal & pelvic organs

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: J. Bradeck (M. D. or other)

Address: _____ Date signed: _____

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

working under my personal supervision.

Registered Apprentice No.

Signed

Albert G. Hoff

Licensed Embalmer No.

2971

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.