

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. **3034**

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 6 1944

Registration District No. **318** Primary Registration District No. _____

No. 2
-2-43
5-17-39
I X35897

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

1. PLACE OF DEATH:

(a) County _____

(b) City or town **St. Louis, Mo.**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **2 mos-8 days**
(Specify whether)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County _____

(c) City or town **ST. LOUIS**
(If outside city or town limits, write "RURAL")

(d) Street No. **1458 CLINTON ST.**
(If rural, give location)

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

3. (a) PRINT FULL NAME **HENRY KNOKE**

3. (b) If veteran. name war **No**

3. (c) Social Security No. **NONE**

4. Sex **MALE** 5. Color or race **WHITE**

6. (a) Single, widowed, married, divorced **SINGLE**

6. (b) Name of husband or wife _____

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

7. Birth date of deceased **APRIL 27 1879**
(Month) (Day) (Year)

8. AGE: Years **64** Months **11** Days **2** If less than one day _____ hr. _____ min.

9. Birthplace **ST. LOUIS, MO.**
(City, town, or county) (State or foreign country)

10. Usual occupation **UNEMPLOYED**

11. Industry or business _____

MOTHER FATHER

12. Name **HENRY KNOKE**

13. Birthplace _____ **GERMANY**
(City, town, or county) (State or foreign country)

14. Maiden name **UNKNOWN**

15. Birthplace _____ **9**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. A. Hartz**

(b) Address **2712 Hillside Ave**

17. (a) **BURIAL** (b) Date thereof **APRIL 1, 1944**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **CALVARY CEMETERY**

18. (a) Signature of funeral director **Calvin J. Dentz Funeral Home**

(b) Address **4828 Naturopathic Bldg. Blvd.**

19. (a) **MAR 31 1944** **J. J. Bredeck**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **29th**
year **1944** hour **1:35** minute **P.** M.

21. I hereby certify that I attended the deceased from **January 21st**
19 **44** to **March 29th** 19 **44**
that I last saw him **im** alive on **March 29th** 19 **44**
and that death occurred on the date and hour stated above.

Immediate cause of death **Peripheral Circulatory Collapse**
Due to **Atherosclerotic Heart Disease**

Other conditions **Late Latent Syphilis**
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

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 **W. J. Wade** (M. B. Physician)
Address **1515 Lafayette** Date signed **3/29/44**

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 A. Minaw

Licensed Embalmer No. *4186*

P. O. Address *St. Louis Mo.*

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.