V. S. No. 2
100M—5-43
Rev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25696

FILED AUG 12 1944

Registration District No. 3

Primary Registration District No. 6076

Registrar's No. 1652

1. PLACE OF DEATH:

(a) County of St. Louis

(b) City or town Jefferson Barracks, Missouri.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Dead on arrival at Station Hospital. 3
(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 Ohio (b) County 999

(c) City or town Columbus 330
(If outside city or town limits, write "RURAL")

(d) Street No. unknown
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 2

If yes, name country --------

3. (a) PRINT FULL NAME Michael Knazovich

3. (b) If veteran, name war W.W.#2

3. (c) Social Security No. ?

4. Sex male 0

5. Color or race White

6. (a) Single, widowed, married, divorced unknown 9

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

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

7. Birth date of deceased ..... (Month) ..... (Day) 1916 (Year)

8. AGE:	Years	Months	Days	If less than one day
Approx.	28	?	?	..... hr. ..... min.

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

10. Usual occupation S/Sgt. Hdq. & Hdqts. Squadron

11. Industry or business Bombing Army Air Force

FATHER
12. Name Unavailable
13. Birthplace " (City, town, or county) Unknown 9 (State or foreign country)

MOTHER
14. Maiden name "
15. Birthplace " (City, town, or county) Unknown 9 (State or foreign country)

16. (a) Informant Lt. J. R. Smith—Registrar.

(b) Address Jefferson Barracks, Mo.

17. (a) removal by rail (Burial, cremation, or removal) (b) Date thereof 7—26—1944 (Month) (Day) (Year)

(c) Place: burial or cremation Dayton, Ohio.

18. (a) Signature of funeral director C. Hoffmeister U. & L. Co.

(b) Address 7814 South Broadway, St. Louis, Mo.

19. (a) AUG 5 - 1944 (Date received local registrar) (b) E. G. McGavran, M.D. (Registrar's signature) 75

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24 year 1944 hour 4:30 minute P. M.

21. ~~[illegible]~~ Dead on arrival ~~[illegible]~~ and that death occurred on the date and hour stated above.

Immediate cause of death decapitation and complete dismemberment resulting from airplane accident.

Due to airplane accident

~~Due to~~

~~Other conditions~~ (Include pregnancy within 3 months of death) 173-6

Major findings:
Of operations NONE 34
Of autopsy Not done

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 096

(b) Date of occurrence July 25, 1944

(c) Where did injury occur? unknown. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? airplane (Specify type of place)

While at work? yes (e) Means of injury unknown

23. Signature W. M. Anderson 1st Lt M.C. (M.D. or other)

Address Jefferson Bks, Mo. Date signed July 26 1944

(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 Linus C. Hoffmeister, Registered Apprentice No. ....., working under my personal supervision.

Signed Linus C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadway

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.