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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 12 1944

Registration District No. 377

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38807

Primary Registration District No. 6076

Registrar's No. 2391

1. PLACE OF DEATH:

(a) County: St Louis
(b) City or town: Overland (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 9133 E Milton (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community: 3 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: St Louis
(c) City or town: Overland (If outside city or town limits, write "RURAL")
(d) Street No.: 9133 E Milton (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: August Knecht
3. (b) If veteran, name war:
3. (c) Social Security No. 493-01-9581
4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: S
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: Sept 26 1889 (Month) (Day) (Year)
8. AGE: Years 55 Months 1 Days 25 If less than one day hr. min.
9. Birthplace: St Louis Mo (City, town, or county) (State or foreign country)
10. Usual occupation: Tool & Die Maker
11. Industry or business: General Cables Co
FATHER 12. Name: Adam Knecht
FATHER 13. Birthplace: Gy (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Mary Baltenwick
MOTHER 15. Birthplace: Illinois (City, town, or county) (State or foreign country)
16. (a) Informant: Frances B Knecht
(b) Address: Overland Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11/24/44 (Month) (Day) (Year)
(c) Place: burial or cremation: Calvary Cemetery
18. (a) Signature of funeral director: Ortmann Funeral Home
(b) Address: 9222 Jackland Overland Mo
19. (a) DEC 1 1944 (Date received local registrar) (b) E. L. McGavran MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 21 year 1944 hour minute 10:30 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: Strangulation by ligature.

Due to:

Due to:

Other conditions (Include pregnancy within 3 months of death):

Major findings: Of operations:

Of autopsy: No.

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): Suicide.
(b) Date of occurrence: Nov. 21, 1944
(c) Where did injury occur? 9133 E. Milton, Overland (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Own home. (Specify type of place)
While at work? (e) Means of injury:
23. Signature: H. S. Reyfogle Deputy M. Coroner
Address: Clayton, Mo. Date signed: 11-25-44

(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 A. C. Ortmann

Licensed Embalmer No. 3478

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.

MAY 23 1945