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v. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 31 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 439
Registration District No. 318
Primary Registration District No. 1003
Registrar's No. 586

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

1. PLACE OF DEATH:
(a) County St. Louis Mo.
(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 1 mo
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1501 Palm St
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country U

3. (a) PRINT FULL NAME Casmiria Knechtel
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan day 18th
year 1945 hour 12:15 minute 15 M.
21. I hereby certify that I attended the deceased from 12/18/44
to 1/18/45, 19____, to 1/18/45, 19____;
that I last saw her alive on 1/18/45
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race w
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Charles Knechtel
6. (c) Age of husband or wife if alive 29 years
7. Birth date of deceased Sep. 23 1920
(Month) (Day) (Year)

Immediate cause of death Pulmonary Tuberculosis
Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) _____
Major findings:
Of operations _____
Of autopsy _____

8. AGE: Years 24 Months 25 Days 3 If less than one day 25 hr. _____ min. _____

9. Birthplace St. Louis (City, town, or county) (State or foreign country) U

10. Usual occupation _____

11. Industry or business Busseman mfg.

12. Name Kazimierz Gzeczanski

13. Birthplace Poland (City, town, or county) (State or foreign country)

14. Maiden name Mladyslawka Osiencka

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

16. (a) Informant Mladyslawka Gzeczanski
(b) Address 1501 Palm St

17. (a) Burial (b) Date thereof 1-22-45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director St. Louis Funeral Home
(b) Address 2205 St. Louis Ave

19. (a) JAN 20 1945 (Date received local registrar)
J. J. Bredek (Registrar's signature)

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? _____

While at work? _____ (Specify type of place)
(c) Means of injury _____
23. Signature Herbert C. Fritz (M. D. or other)
Address 1515 Lafayette 1/18/45 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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *Albert G. Hoppe*

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.