

FILED MAY 12 1945 18
Registration District No. _____

Primary Registration District No. **1003**

Registrar's No. **3961**

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: Lutheran Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days
60 years (Specify whether years, months or days)

In this community _____

3. (a) PRINT FULL NAME Maria Knirr

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Jacob 6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased: June 23 1865
(Month) (Day) (Year)

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

79	10	6	hr. min.
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9. Birthplace Germany
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business _____

MOTHER FATHER

12. Name Henry Kratz

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

14. Maiden name Anna Ruehl

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

16. (a) Informant Jacob Knirr

(b) Address 3504 Magnolia Ave.

17. (a) Burial (b) Date thereof May 2, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Schumacher and Co.

(b) Address 3013 Meramec St.

19. (a) MAY 2 1945 (Date received local registrar)
J. F. Bredack (Registrar's signature)

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. 3504 Magnolia
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 29th, year 1945 hour 5 minute P. M.

21. I hereby certify that I attended the deceased from April 7, 1945, to April 29, 1945; that I last saw her alive on April 28, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Gastric Hemorrhage Duration 1 wk

Due to Carcinoma of stomach 2 years?

Due to (Clinical diagnosis)

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

Major findings: He

Of operations _____

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? _____

While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature Arnold S. Fleun (M. D. or other) M. D.
Address 2632 S. Kingshighway Date signed 5/1/45

Dr. Arnold Klein
2632 S. Kingshighway
1-3

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 Francis Williamson

Licensed Embalmer No. 3565

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.