

FILED MAY 12 1945

Registration District No. \_\_\_\_\_

318

Primary Registration District No. \_\_\_\_\_

1002

Registrar's No. 3873

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Pirmin DeaLoge Hospital  
(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 Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4177 Lafayette  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME George W. Knoten

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 488-18-0404

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Mrs. Estella Knoten 6. (c) Age of husband or wife if alive 37 years  
7. Birth date of deceased April 3, 1890  
(Month) (Day) (Year)

8. AGE: Years 55 Months 0 Days 26 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Machinist

11. Industry or business \_\_\_\_\_

12. Name Conrad Knoten  
13. Birthplace Frankfort Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Ann Hooker  
15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Estella Knoten  
(b) Address 4177 Lafayette  
17. (a) Burial (b) Date thereof 5/2/45  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Hiram Cemetery

18. (a) Signature of funeral director Wm. J. Robert L.&U.Co.  
(b) Address 1905 S. Grand Blvd

19. (a) MAY 1 1945 (b) J. F. Budek  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 29  
year 1945 hour 5 minute \_\_\_\_\_ AM.

21. I hereby certify that I attended the deceased from 4/4, 1945 to 4/25, 1945; that I last saw him alive on April 23, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Cecum  
Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions H/O  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
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) (e) Means of injury \_\_\_\_\_

23. Signature Romuelin (M. D. or other) \_\_\_\_\_  
Address 634 N. Grand Date signed 5/1/45

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

MOTHER FATHER

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**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.....

Licensed Embalmer No..... *3880*

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

**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.**