

S. No. 2
DOM-5-43
Rev. 5-17-39
I X36871

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35494

State File No. _____
9639
Registrar's No. _____

FILED NOV 19 1945
318

Registration District No. _____ Primary Registration District No. 1003

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:
St. Luke's 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. 4269 Washington Blvd.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Francis Knierim
3. (b) If veteran, name war Nil 3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov. day 6
year 1945 hour 3 minute 27 AM
21. I hereby certify that I attended the deceased from 2:00 P.M.
5 Nov, 1945, to 3:45 P.M. 6 Nov, 1945
that I last saw her alive on 6 Nov, 1945,
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Henry Knierim 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased August 25 1861
(Month) (Day) (Year)

Immediate cause of death Cerebral thrombosis Duration 24 hr.
Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
84 2 11 _____ hr. _____ min.

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

9. Birthplace Danville Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____
12. Name John Meyers
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Mary Riordan
15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant G. F. Knierim
(b) Address 4269 Washington Blvd.

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? _____

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11-8-45
(Month) (Day) (Year)
(c) Place: burial or cremation Danville, Illinois

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

23. Signature Sam F. Bean (M. D. or other) _____
Address 52 Mulberry St. Montreal Date signed 6 Nov 45
While at work? _____ (Specify type of place) (e) Means of injury _____

19. (a) NOV 6 1945 (b) J. Thredach
(Date of local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER, FATHER

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.....

John Agonaski

Licensed Embalmer No..... *3398*.....

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.