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0M—5-43
v. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 518

FILED FEB 1 1946

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 788

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:
DePaul Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 6-8-8

(c) City or town St. Louis 117
(If outside city or town limits, write "RURAL")

(d) Street No. 4115 San Francisco Ave 9
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Walter H. Knollmann

3. (b) If veteran, name war None

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Elsa Kulp Knollmann

6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased July 9, 1894 (Month) (Day) (Year)

8. AGE: Years 51 Months 6 Days 14 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business Knollmann Paper Co.

FATHER
12. Name F. William Knollmann
13. Birthplace Unknown (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Katherine Worley
15. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Mrs Elsa Knollmann
(b) Address 4115 San Francisco Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/26/46 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Math Hermann & Son
(b) Address 2161 East Fair Ave

19. (a) JAN 24 1946 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 23, year 1946 hour 8:45 AM minute M.

21. I hereby certify that I attended the deceased from July 2, 1945 to Jan 23, 1946 that I last saw him alive on Jan 22, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death ruptured abdominal aneurysm — Duration

Due to aneurysm — 28 hours

Due to atherosclerosis

Other conditions (Include pregnancy within 3 months of death) 30

Major findings:
Of operations

Of autopsy abdominal only
ruptured abd aneurysm

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

23. Signature J. R. Finnegan (M. D. or other) MD
Address 539 N grand Date signed 1/24/46

(Licensed Embalmer's Statement on Reverse Side)

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

2717

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 William G Buckholz

Licensed Embalmer No. 2110

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.