

FILED JAN 23 1947

State File No. _____

Registration District No. _____

318

Primary Registration District No. _____

1003

Registrar's No. _____

186

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

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. Lukes Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 weeks
(Specify whether _____)
In this community Lifetime
(years, months or days)

3. (a) PRINT FULL NAME Laura Knickmeyer

3. (b) If veteran, name war No
3. (c) Social Security No. 492-24-9626

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Henry Knickmeyer
6. (c) Age of husband or wife if alive Dead years
7. Birth date of deceased January 4 1884
(Month) (Day) (Year)

8. AGE: Years 63 Months 0 Days 2
If less than one day hr. _____ min. _____

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

10. Usual occupation Clerk

11. Industry or business Christ Church Cathedral

MOTHER FATHER { 12. Name John Shoemaker
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Susan Findelater
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Josie Brinkman
(b) Address 8605 Trafford Lane

17. (a) Burial (b) Date thereof 1/9/47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Suedmeyer & Son's
(b) Address 3934 N. 20 Street

19. (a) JAN 7 1947 J. F. Brebeck
(Date received local registrar) (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. 8605 Trafford Lane
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 6
year 1947 hour 6 minute 15 P.M.

21. I hereby certify that I attended the deceased from Jan 1 1947 to Jan 6 1947
that I last saw him ER alive on Jan 6 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho pneumonia bilateral, generalized.
Due to Organism not determined.
Due to _____

Other conditions Arteriosclerotic heart disease
(Include pregnancy within 3 months of death)

Major findings: Of operations 92
Of autopsy _____

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 Wm. H. Bredemeyer (M. D. or other J.D.)
Address St. Lukes Hosp. Date signed Jan 7, 1947

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

Signed G. G. Smithers

Licensed Embalmer No. 3916

P. O. Address. 3934 N. 20 St

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.