

No. 2
-12-45
-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35945

FILED OCT 24 1947

State File No.

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 9417

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:
St. Louis Altenheim
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 10 days
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5408 S. Broadway
(If rural, give location)
(e) Citizen of foreign country? 15 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Matilda Knehans

3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex Female / 5. Color or race White 6. (a) Single, widowed, married, divorced Widow 2

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

7. Birth date of deceased. June 1 1857
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
90 4 9 hr. min.

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

10. Usual occupation Nil

11. Industry or business

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

16. (a) Informant John W. Hoerr
(b) Address 5408 S. Broadway

17. (a) Burial (b) Date thereof 10/13/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Picker

18. (a) Signature of funeral director Jos. P. Fendler Jr.
(b) Address 7128 Michigan Ave.

19. (a) OCT 13 1947 (b) J. F. Briedeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCTOBER day 10
year 1947 hour 6:00 minute A.M.

21. I hereby certify that I attended the deceased from 1934
19... to 10-10-1947 19...
that I last saw her alive on 10-9-47 19...
and that death occurred on the date and hour stated above.

Immediate cause of death
CHRONIC MYOCARDITIS 10 yrs
Chronic arteriosclerosis 10 yrs

Due to senility

Other conditions: 93
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings:
Of operations
Of autopsy
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 Mary Schick (M. D. or other MD)
Address Date signed

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.....

..... George N. Archambault, Registered Apprentice No. XXXXXX
working under my personal supervision.

Signed *George N. Archambault*

Licensed Embalmer No. 2906

P. O. Address. 7128 Michigan Ave.

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.