

No. 2
9-43
17-39
X37823

FILED FEB 9 1948

Registration District No. _____

Primary Registration District No. 3066

Registrar's No. 211

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

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Kirkwood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
U. S. Marine Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 21 days
(Specify whether
In this community unknown
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Maplewood
(If outside city or town limits, write "RURAL")
(d) Street No. 3022a Big Bend Blvd.
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME WILLIAM GEORGE KNOCHELMAN

3. (b) If veteran, name war 1 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 Bess Knochelman 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Sept. 2 1893
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	54	4	19	hr. min.

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

10. Usual occupation Laborer

11. Industry or business unknown

12. Name Henry Knochelman Germany

13. Birthplace _____
(City, town, or county) (State or foreign country)

14. Maiden name Dora Evans
(City, town, or county) (State or foreign country)

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

16. (a) Informant Clinical records of hospital

(b) Address U.S. Marine Hospital, Kirkwood, Mo.

17. (a) burial (b) Date thereof 1-24-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation National Cemetery

18. (a) Signature of funeral director Jay B. Smith

(b) Address 7456 Manchester Rd

19. (a) 1-23-48 (b) Carl A. Sharp
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 21st day January
year 1948 hour 1:25 minute P.M.

21. I hereby certify that I attended the deceased from December 31st, 1947 to January 21st, 1948;
that I last saw h. im. alive on January 21st, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis, far advanced 1 yr. plus

Due to _____
Due to 136

Other conditions (include pregnancy within 3 months of death) _____

Major findings:
Of operations (Pulmonary Tuberculosis)
Of autopsy (Renal Tuberculosis)
(Tuberculous Enteritis and Esophagitis)

Duration
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) X
(b) Date of occurrence X
(c) Where did injury occur? X
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? X

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

23. Signature J. L. James, Surgeon (M. D. or other)
Address U. S. Marine Hospital, Kirkwood signed 1/21/48

5703 10 100

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 *H. Burgess*
Licensed Embalmer No. 4029
P. O. Address Maplewood

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.