No. 2
1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 30 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 14309

Registrar's No. 3834

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

1. PLACE OF DEATH:
(a) County
(b) City or town ST. LOUIS MO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: LUTHERAN HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 WEEKS (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County 000
(c) City or town ST. LOUIS 17
(If outside city or town limits, write "RURAL")
(d) Street No. 4010 RANDALL 9
(If rural, give location) 0
(e) Citizen of foreign country? (Yes or No) 15
If yes, name country

3. (a) PRINT FULL NAME OTTO KNEISL
3. (b) If veteran, name war
3. (c) Social Security No. 492-09-5703
4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced S
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased APRIL (Month) 15, (Day) 1903 (Year)

8. AGE: Years 45 Months — Days 6 If less than one day hr. min.

9. Birthplace ST. LOUIS, MO (City, town, or county) (State or foreign country)
10. Usual occupation SHOPPING CLERK
11. Industry or business CHASE CANDY CO.
FATHER
12. Name ADOLF KNEISL
13. Birthplace BOHEMIA (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name MARIE STUCHLIK
15. Birthplace BOHEMIA (City, town, or county) (State or foreign country)
16. (a) Informant ADOLF KNEISL
(b) Address 4010 RANDALL ST.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof APRIL 24 1948 (Month) (Day) (Year)
(c) Place: burial or cremation NEW PICKER CEM.
18. (a) Signature of funeral director Thomas Kutis & Son
(b) Address 2906 GRAVOIS
19. (a) APR 22 1948 (Date received local registrar) (b) J. J. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month APRIL day 20 year 1948 hour 4 minute P.M.
21. I hereby certify that I attended the deceased from 3-1, 1948, to 4-20, 1948, that I last saw him alive on 4-20, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of the liver, primary, with metastases	unknown
Due to HOD	
Due to	
Other conditions Pancreatic calculi, diabetis mellitus (Include pregnancy within 3 months of death)	8 years

Major findings:
Of operations See above, Biopsy performed
Of autopsy

PHYSICIAN — Underline the cause of 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 0
23. Signature J. Lewis Hutton, MD (M. D. or other)
Address 3606 Gravois Date signed 4-21-48

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

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.....Leo J. Budde.....

Licensed Embalmer No. 3989

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.

No. 2B
M—3-45
I X43880

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. May

Registration District No. 314 Primary Registration District No. 1003 Registrar's No. 383

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:

(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 (b) County

(c) City or town
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Otto Kneisl

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased April 15 1940
(Month) (Day) (Year)

8. AGE: Years 45 Months Days If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)
MAY 13 1948

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April 20
year 1948 hour minute M.

21. I hereby certify that I attended the deceased from
, 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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 (M. D. or other)
Address Date signed

SUPPLEMENTARY

S-14309