No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

17733

State File No.

FILED JUN 12 1948

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5070

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: 4104 Rosa Ave (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 Missouri (b) County

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

(d) Street No. 4104 Rosa Ave (If rural, give location)

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

If yes, name country

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3. (a) PRINT FULL NAME Thomas Raymond Knittel

3. (b) If veteran, name war *******

3. (c) Social Security No. 500-16-4185

4. Sex Male

5. Color or race White

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 June 7th. 1920 (Month) (Day) (Year)

8. AGE: Years 27 Months 11 Days 23 If less than one day hr. min.

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

10. Usual occupation Accountant

11. Industry or business

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

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

16. (a) Informant Thomas A. Knittel
(b) Address 4104 Rosa Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-2-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Ziegenheim Bros
(b) Address 6409 Gravois Ave

19. (a) JUN 2 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 30th day May year 1948 hour 3:50 minute A. M.

21. I hereby certify that I attended the deceased from Nov 1933 to May 30 1948 that I last saw him alive on May 27 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Rheumatic Heart Disease

Due to Rheumatic Fever

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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

23. Signature Harry W. Wiese WD (M. D. or other)

Address 2301 So. Kingshighway Date signed 6/1/48

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

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

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.....Homer W. Fritz

Licensed Embalmer-No.....3882

P. O. Address.....

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.