

FILED OCT 19 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35767

State File No.

Registrar's No. 4086

BIRTH NO.		REG. DIST. NO. 317	PRIMARY REG. DIST. NO. 3066
1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirkwood 22 Mo d. STREET ADDRESS (If rural, give location) 449 N. Clay Ave	
3. NAME OF DECEASED a. (First) John b. (Middle) Henry c. (Last) Knierim		4. DATE OF DEATH (Month) (Day) (Year) Oct. 4 1949	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 23 1867
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Butcher		10b. KIND OF BUSINESS OR INDUSTRY self-employed	9. AGE (In years last birthday) 81
11. BIRTHPLACE (State or foreign country) Kirkwood, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME John Wm Knierim		13b. MOTHER'S MAIDEN NAME UNKNOWN	14. NAME OF HUSBAND OR WIFE Clara E. Knierim
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NO	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Mrs. Clara E. Knierim 449 N. Clay Kirkwood
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Cardio-vascular disease ANTECEDENT CAUSES Morbidity conditions: if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		442X	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		442X	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 12/13, 1948, to 10/4, 1949, that I last saw the deceased alive on 10/4, 1949, and that death occurred at 3:15 A.M., from the causes and on the date stated above.			
23a. SIGNATURE J. D. Stachyle (Degree or title) M.D.		23b. ADDRESS 1047 N. Adams, Kirkwood	
23c. DATE SIGNED 10/4/49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10-6-49	
24c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery		24d. LOCATION (City, town, or county) (State) Kirkwood, Mo.	
DATE REC'D BY LOCAL REG. 10-6-49		REGISTRAR'S SIGNATURE Herbert R. Wombe	
25. FUNERAL DIRECTOR'S SIGNATURE Meyer-Pfizinger		ADDRESS Kirkwood, Mo.	

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

9643

No. 300
10.48

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed William H. Putnam

Licensed Embalmer No. 4376

P. O. Address Kirkwood 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.