

FILED MAR 19 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10299
State File No. 10299
Registrar's No. 2100

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 2100			
I. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois				b. COUNTY St. Clair	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Belleville		8170			
d. FULL NAME OF HOSPITAL OR INSTITUTION Barnes Hospital				d. STREET ADDRESS (If rural, give location) 315 W. Monroe				9	
3. NAME OF DECEASED (Type or Print) a. (First) Ray			b. (Middle) Laverne			c. (Last) Knemeyer			
4. DATE OF DEATH (Month) (Day) (Year) Mar 3, 1951		5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married		8. DATE OF BIRTH Aug. 7, 1928	
9. AGE (In years last birthday) 22		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 28 HRS. Hours _____ Min. _____		11. BIRTHPLACE (State or foreign country) Belleville, Ill. 1		12. CITIZEN OF WHAT COUNTRY? U.S.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mgr. Skiew Room Cafeteria			10b. KIND OF BUSINESS OR INDUSTRY _____			13a. FATHER'S NAME Edward Knemeyer			
13b. MOTHER'S MAIDEN NAME Martha Fehring			14. NAME OF HUSBAND OR WIFE _____			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. 327-22-8102			17. INFORMANT'S SIGNATURE OR NAME <i>Wilfred Knemeyer</i>			ADDRESS Belleville, Ill. 1			
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) Arterial Venous Aneurysm						INTERVAL BETWEEN ONSET AND DEATH _____	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid 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 aneurysm As Above - Left parietal craniotomy with removal of						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) _____		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____			
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 754.6						22. I hereby certify that I attended the deceased from Feb 21, 1951 , to Mar 3, 1951 , that I last saw the deceased alive on Mar 3, 1951 , and that death occurred at 12:28 m., from the causes and on the date stated above.	
23a. SIGNATURE <i>FR Bradley</i>			23b. ADDRESS Barnes Hospital			23c. DATE SIGNED 3/3/51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Mar. 7, 1951		24c. NAME OF CEMETERY OR CREMATORY Valhalla		24d. LOCATION (City, town, or county) (State) Belleville, Ill.			
DATE REC'D BY LOCAL MAR 5 1951		REGISTRAR'S SIGNATURE <i>J.B. Luster</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Wilfred Knemeyer</i>		ADDRESS Belleville, Ill.			

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.....

.....
working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.....
Signed *Frederick T. Edwards*
Licensed Embalmer No. *13697*
P. O. Address *Fuller St. Va.*

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.