FILED OCT 11 1951

No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31199

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 185

1923

1. PLACE OF DEATH
a. COUNTY: St. Charles
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Charles
c. LENGTH OF STAY (In this place): 46 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Josephs Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: St. Charles
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Charles 0923
d. STREET ADDRESS (If rural, give location): 1011 Osage

3. NAME OF DECEASED (Type or Print): a. (First) Martin b. (Middle) L. c. (Last) Kneemiller

4. DATE OF DEATH (Month) Oct. (Day) 2 (Year) 1951

5. SEX M **6. COLOR OR RACE** W **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) Married

8. DATE OF BIRTH Sept. 22, 1903 **9. AGE** (In years last birthday) 48 IF UNDER 1 YEAR: Months 0 Days 10 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Upholsterer
10b. KIND OF BUSINESS OR INDUSTRY: Upholstery
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: Wm. Kneemiller
13b. MOTHER'S MAIDEN NAME: Aurelia Kneemiller
14. NAME OF HUSBAND OR WIFE: Clara Kneemiller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 492-09-8508
17. INFORMANT'S SIGNATURE OR NAME: Clara Kneemiller ADDRESS: St. Charles, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Coronary thrombosis — 4 days
DUE TO (c) Coronary sclerosis — 2 years

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** 4201
20. AUTOPSY? YES ☐ NO ☑

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) m. **21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐ **21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* Sept 29, 1951 *to* Oct 2, 1951, *that I last saw the deceased alive on* Oct 1, 1951, *and that death occurred at* 9:25 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE Eugene J. Conty (Degree or title) M.D. **23b. ADDRESS** St. Charles, Mo **23c. DATE SIGNED** 10-3-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial **24b. DATE** Oct. 5, 1951 **24c. NAME OF CEMETERY OR CREMATORY** Oak Grove Cemetery **24d. LOCATION** (City, town, or county) St. Charles, (State) Mo.

DATE REC'D BY LOCAL REG. 10-4-51 REGISTRAR'S SIGNATURE Frances Hamilton 284
25. FUNERAL DIRECTOR'S SIGNATURE Wachsmann Bane Inc. ADDRESS St. Charles Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
OCT 8 1951
DISTRICT HEALTH OFFICE No. 4
File No.

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 Frederic W. Bane

Licensed Embalmer No. 4607

P. O. Address St. Charles, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.