

FILED NOV 8 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 35865

BIRTH NO.		REG. DIST. NO. 317	PRIMARY REG. DIST. NO. 6076	Registrar's No. 3547
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.		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JENNINGS		c. LENGTH OF STAY (In this place) years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JENNINGS 4138
d. FULL NAME OF HOSPITAL OR INSTITUTION 7348 W. Florissant.		d. STREET ADDRESS (If rural, give location) 7348 W. FLORISSANT, AV.		
3. NAME OF DECEASED (Type or Print) HARRY		a. (First) E.	b. (Middle) KNOLLMAN.	c. (Last)
4. DATE OF DEATH (Month) (Day) (Year) OCT 29. 1951		5. SEX MALE		6. COLOR OR RACE WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH SEPT. 19, 1867		9. AGE (In years last birthday) 84
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) RETIRED CIGAR MAKER.		10b. KIND OF BUSINESS OR INDUSTRY RETIRED		11. BIRTHPLACE (State or foreign country) PENN. 1
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME WM. KNOLLMAN.		13b. MOTHER'S MAIDEN NAME ANNA KROEGER.
14. NAME OF HUSBAND OR WIFE ANNA KNOLLMAN.		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE
17. INFORMANT'S SIGNATURE OR NAME CHEE E. KNOLLMAN		18. ADDRESS 5920 Marquette Ave.		
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) Carcinoma Prostate		INTERVAL BETWEEN ONSET AND DEATH 6 mos.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
19a. DATE OF OPERATION 1-12-51.		19b. MAJOR FINDINGS OF OPERATION		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) m.		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 Jan 9, 1950, to June, 1951, that I last saw the deceased alive on 6-10-51, 1951, and that death occurred at ___ m., from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) Chee E. Knollman M.D.		23b. ADDRESS 720 Union Club Bldg		23c. DATE SIGNED 10/30/51
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE Oct 31, 1951		24c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY
24d. LOCATION (City, town, or county) ST. LOUIS, MO.		24e. (State)		
DATE REC'D BY LOCAL REG. 10-31-51		REGISTRAR'S SIGNATURE Herbert P. ...		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 5967 W. Florissant Ave.

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....

Student Embalmer

Signed

*Robert M. Murray*

Licensed Embalmer No. *3749*

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.