

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29682

SEP 3-1952

318

1003

State File No.

Registrar's No. 2761

| | | | | | | | |
|---|-------------------------------|---|--------------------------------------|---|---|--|---------------------------------|
| BIRTH NO. _____ | | REG. DIST. NO. _____ | | PRIMARY REG. DIST. NO. _____ | | Registrar's No. _____ | |
| 1. PLACE OF DEATH a. COUNTY _____ | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>2209</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Mo.</u> | | c. LENGTH OF STAY (in this place) <u>1 Day</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> | | J | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Christian Hospital</u> | | | | d. STREET ADDRESS (If rural, give location) <u>20 2538 W. Palm Street</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Minnie</u> | | b. (Middle) _____ | | c. (Last) <u>Knollmann.</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>August 14, 1952</u> | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u> | 8. DATE OF BIRTH <u>Aug. 1, 1889</u> | | 9. AGE (In years last birthday) <u>63</u> | IF UNDER 1 YEAR <u> </u> Months | IF UNDER 24 Hrs. <u> </u> Days |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Seamstress</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Elders Mfg. Co.</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>Henry C. Knollmann</u> | | 13b. MOTHER'S MAIDEN NAME <u>Wilhelmina Meyer.</u> | | 14. NAME OF HUSBAND OR WIFE <u>Single</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | | 16. SOCIAL SECURITY NO. _____ | | 17. INFORMANT'S SIGNATURE OR NAME <u>Wm. Knollmann, 8404 Michigan Avenue</u> ADDRESS _____ | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) _____ | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Bladder</u> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>6 months</u> | |
| *This does not mean the mode of dying, such as heart failure, asphyxia, 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) <u>Carcinoma of Bladder</u> | | | | | |
| | | DUE TO (c) <u>Hemorrhage from Bladder</u> | | | | <u>3 days</u> | |
| | | 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 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) _____ | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? <u>181X</u> | | | |
| 22. I hereby certify that I attended the deceased from <u>8/24</u> , 19 <u>52</u> , to <u>8/13</u> , 19 <u>52</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at <u>12:45P</u> m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>George J. Montgomery</u> | | (Degree or title) <u>M.D.</u> | | 23b. ADDRESS <u>4032 W. 45th Street</u> | | 23c. DATE SIGNED <u>8/14/52</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | | 24b. DATE <u>8-18-1952</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>St. Pauls Church Yard Cemetery.</u> | | 24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>AUG 15 1952</u> | | REGISTRAR'S SIGNATURE <u>J. Carl Smith M.D.</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Math Hermann & Son Inc.</u> ADDRESS <u>2161 E. Fair Ave.</u> | | | |

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. _____

Allen W. Felt

Signed _____

Licensed Embalmer No. _____

03737

P. O. Address _____

St. Louis, Mo.

working under my personal supervision.

Student

Student Embalmer

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.