

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

36569

State File No.

LED OCT 21 1952

BIRTH NO. REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **9106**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS		c. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS	
c. LENGTH OF STAY (In this place)		2019	
d. FULL NAME OF HOSPITAL OR INSTITUTION CITY Hospital		d. STREET ADDRESS (If rural, give location) 5712 MORGANFORD	
3. NAME OF DECEASED (Type or Print) a. (First) HENRY b. (Middle) KNESE c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) Sept. 30 - 52	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH JULY-16-1867
9. AGE (In years last birthday) Months Days Hours Min. 85 YRS		11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS MO MO	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) WRITER		10b. KIND OF BUSINESS OR INDUSTRY NEWSPAPER	
12. CITIZENRY OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME BERNARD KNESE	
13b. MOTHER'S MAIDEN NAME TECLA SELMER'S		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.	
17. INFORMANT'S SIGNATURE OR NAME Anna Kneese		ADDRESS 5712 Morganford	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Is of the right hip: arthritis ANTECEDENT CAUSES sclerosis; suffered when diseased DUE TO (b) fell to the floor while attempting to get out of bed at his home DUE TO (c) at 5712 Morganford Rd II. OTHER SIGNIFICANT CONDITIONS at 5712 Morganford Rd Conditions contributing to the death but not related to the disease or condition causing death on Aug 28 1952 at about	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 7:00 am	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. ACCIDENT? (Specify) Accident	
21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St Louis MO MO	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) Aug 28 52 7A⁰⁰		21e. INJURY OCCURRED WHILE AT WORK? <input type="checkbox"/> NOT WHILE AT WORK? <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? E9020		22. I hereby certify that I attended the deceased from 1900 , to 1900 , that I last saw the deceased alive on 1900 , and that death occurred at 1000 m., from the causes and on the date stated above. 21	
23. SIGNATURE (Degree or title) Patrick E Taylor Coroner		23b. ADDRESS 1300 Clark	
23c. DATE SIGNED 10-1-52		24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	
24b. DATE Oct-3-52		24c. NAME OF CEMETERY OR CREMATORY S. S. PETER + PAUL	
24d. LOCATION (City, town, or county) (State) St. Louis MO		25. FUNERAL DIRECTOR'S SIGNATURE Carl Smith MD E. J. Schur	
25. ADDRESS 3125 Lafayette		DATE REC'D BY LOCAL REG. OCT 1 1952	

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 James B. Hollmer

Licensed Embalmer No. 4974

P. O. Address 3125 Lafayette

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.