No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37130

State File No.

FILED NOV 14 1952

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 545 Registrar's No. 2842

1. PLACE OF DEATH
a. COUNTY: ST LOUIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MAPLEWOOD
c. LENGTH OF STAY (in this place): 2 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 7363a MANCHESTER AVE.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: ST LOUIS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ROCK HILL 1631
d. STREET ADDRESS (If rural, give location): 9332 LITZINGER RD.

3. NAME OF DECEASED (Type or Print)
a. (First): JOSEPH
b. (Middle):
c. (Last): KNICHEL MD

4. DATE OF DEATH (Month) (Day) (Year): NOV 1, 1952

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: 6-14-1874
9. AGE (In years last birthday): 78 — If under 1 year: Months 4, Days 17; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): PHYSICIAN
10b. KIND OF BUSINESS OR INDUSTRY: MEDICAL
11. BIRTHPLACE (City and State or Foreign Country): ST LOUIS MO
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: JACOB KNICHEL
13b. MOTHER'S MAIDEN NAME: ANNA FRY
14. NAME OF HUSBAND OR WIFE: JOSEPHINE KNICHEL

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.: 489-01-3270
17. INFORMANT'S SIGNATURE OR NAME: JOSEPHINE KNICHEL, ABOVE — ADDRESS

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) Hypertensive - Cardio - Renal Disease — INTERVAL BETWEEN ONSET AND DEATH: 8 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c) 442X

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Bronchial asthma — 10 yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
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 July 1, 1949, to Nov 1, 1952, that I last saw the deceased alive on Oct 31, 1952, and that death occurred at 7 A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): Michael Dulick M.D.
23b. ADDRESS: 9012 Manchester Rd
23c. DATE SIGNED: 11-3-52

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
24b. DATE: 11-5-1952
24c. NAME OF CEMETERY OR CREMATORY: RESURRECTION CEMETERY
24d. LOCATION (City, town, or county) (State): ST LOUIS MO

DATE REC'D BY LOCAL REG.: 11-4-52
REGISTRAR'S SIGNATURE: Hubert R. Domke M.D.
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: JAY B SMITH MAPLEWOOD MO
P.T. (Licensed Embalmer's Statement on Reverse Side)

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 H P Burgess

Licensed Embalmer No. 4029

P. O. Address Maplewood

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.