

STANDARD CERTIFICATE OF DEATH

35576

FILED OCT 26 1954

State File No.

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

Registrar's No. 8942

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY OR TOWN St. Louis	
c. LENGTH OF STAY (in this place) 47 yrs.		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hospital		e. STREET ADDRESS (If rural, give location) 2550 N. Grand	
3. NAME OF DECEASED (Type or Print) a. (First) FREDERICK b. (Middle) H. c. (Last) KNEHANS		4. DATE OF DEATH (Month) (Day) (Year) Sept. 29 1954	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Oct. 26, 1886
9. AGE (In years last birthday) 67 yrs.		10. USUAL OCCUPATION (Give kind of work according to most of working life, or if retired) Retired Accountant	11. BIRTHPLACE (City and State or Foreign Country) Beaufort, Mo.
10b. KIND OF BUSINESS OR INDUSTRY City Ice & Fuel		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Henry E. Knehans		13b. MOTHER'S MAIDEN NAME Wilhelmina Flottman	
14. NAME OF HUSBAND OR WIFE Single		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WWI	
16. SOCIAL SECURITY NO. 494-09-9635		17. INFORMANT'S SIGNATURE OR NAME Julius Knehans, 5756 Waterman Avenue	
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) Myocardial Infarction ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO: (b) Arteriosclerotic Heart Disease DUE TO: (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma of Stomach	
19a. DATE OF OPERATION 9/28/54		19b. MAJOR FINDINGS OF OPERATION Carcinoma of Stomach	
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) 151X	
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?		22. I hereby certify that I attended the deceased from 9/18, 1954, to 9/29, 1954, that I last saw the deceased alive on 9/29, 1954, and that death occurred at 9:00A m., from the causes and on the date stated above.	
23a. SIGNATURE Charles H. Carson, M.D.		23b. ADDRESS 3606 Drossie	
23c. DATE SIGNED 9/30/54		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
24b. DATE 10-2-54		24c. NAME OF CEMETERY OR CREMATORY St. John Luth. Cemetery	
24d. LOCATION (City, town, or county) (State) Beaufort, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE BEIDERWLEDEN F.H. INC., 1936 St. Louis Ave.	
DATE REC'D BY LOCAL REG. OCT 2 1954		REGISTRAR'S SIGNATURE J. Carl Smith, M.D. MBS (Licensed Embalmer's Statement on Reverse Side)	

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

REC. R. T. MAY
APR 19 1954

OCT 26 1954

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 _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 45

P. O. Address _____

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.