

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **14083**

FILED APR 27 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **517** PRIMARY REG. DIST. NO. **531** Registrar's No. **886**

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>University City</b>		c. LENGTH OF STAY (in this place) <b>70-yrs.</b>	c. CITY OR TOWN <b>University City</b> <b>4318</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>7901 Delmar Blvd.</b>		STREET ADDRESS (If rural, give location) <b>7901 Delmar Blvd.</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Bernard</b> b. (Middle) <b>Joseph</b> c. (Last) <b>Kniest</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>April 16, 1955</b>
--	--

5. SEX <b>M.</b>	6. COLOR OR RACE <b>W.</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>M.</b>	8. DATE OF BIRTH <b>Oct. 21, 1880</b>	9. AGE (In years last birthday) <b>74</b>	10. UNDER 1 YEAR <b>5</b> Months <b>25</b> Days	11. UNDER 1 HR. Hours <b>1</b> Min.
------------------	----------------------------	--	---------------------------------------	---	---	-------------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Accountant</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>unk.</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Carrol, Iowa</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
---	---	--	--

13a. FATHER'S NAME <b>Bernard J. Kniest</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Edency</b>	14. NAME OF HUSBAND OR WIFE <b>Mrs. Lucille Kniest</b>
---	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes World War # 1</b>	16. SOCIAL SECURITY NO. <b>490-09-4175</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Lucille Kniest, 7901 Delmar Blvd.</b>
---	--	---

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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Infarction of myocardium</b>		<b>1 hr</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerotic heart disease</b> and DUE TO (c) <b>Hypertensive Cardiovascular disease</b>		<b>5 yrs</b> <b>5 yrs</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Cardiac decompensation</b>		<b>1 mo</b>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>4200</b>	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) (Min.)	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 **Feb 6, 1953**, to **April 16, 1955**, that I last saw the deceased alive on **April 16, 1955**, and that death occurred at **10:50 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or Title) <b>George A. Make MD</b>	23b. ADDRESS <b>4161 Lindell</b>	23c. DATE SIGNED <b>4-17-55</b>
---	----------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>April 19, 1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>
--	---------------------------------	--	---

DATE REC'D BY LOCAL REG. <b>4/18/55</b>	LOCAL REGISTRAR'S SIGNATURE <b>Robert K. Sante</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Arthur J. Donnelly 3840 Lindell Blvd.</b>
---	--	---

(Licensed Embalmer's Statement on Reverse Side)

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

