No. 300
10.48

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28435

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 546 Registrar's No. 1994

1. PLACE OF DEATH
a. COUNTY: ST LOUIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): OVERLAND
c. LENGTH OF STAY (in this place): 2 YRS 11 MO
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2037 BROWN

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: KANSAS
b. COUNTY: WYNDOTTE
c. CITY OR TOWN: PIPER
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☑
e. STREET ADDRESS (If rural, give location): 12020 DON HAU

3. NAME OF DECEASED (Type or Print): a. (First) FREDERICK b. (Middle) WILLIAM c. (Last) KNETTER
4. DATE OF DEATH (Month) (Day) (Year): AUG 26 1955
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: MAR 10 1873
9. AGE (In years last birthday): 82 — If under 1 year: Months ___ Days ___ If under 24 hrs.: Hours ___ Min. ___
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER
10b. KIND OF BUSINESS OR INDUSTRY: RETIRED
11. BIRTHPLACE (City and State or Foreign Country): LEAVENWORTH KANS.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: FREDERICK KNETTER
13b. MOTHER'S MAIDEN NAME: ANNA HIGHMAN
14. NAME OF HUSBAND OR WIFE: ELIZABETH KNETTER
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.: NONE
17. INFORMANT'S SIGNATURE OR NAME: DONALD J SALMERI ADDRESS: 2037 BROWN

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral artery thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 mo.

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

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Arteriosclerotic heart disease; compensated — 4 yrs.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 332X
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* Sept. 25, 1952, *to* Aug. 26, 1955, *that I last saw the deceased alive on* Aug. 25, 1955, *and that death occurred at* 9:30 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Richard W. Maxwell (Degree or title) MD
23b. ADDRESS: 4500 Olive St., St Louis
23c. DATE SIGNED: 8/26/55

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
24b. DATE: 8-27-55
24c. NAME OF CEMETERY OR CREMATORY: MT HOPE CEMETERY
24d. LOCATION (City, town, or county) (State): KANSAS CITY KANSAS

DATE REC'D BY LOCAL REG.: 8/26/55
REGISTRAR'S SIGNATURE: Herbert R. Domke M.D.
25. FUNERAL DIRECTOR'S SIGNATURE: EARL HILLEMAN ADDRESS: 9709 LACKLAND

SG.
(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 emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Earl J. Hillema

Licensed Embalmer No. 350

P. O. Address Overlord

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.