

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED FEB 17 1956

State File No. **6766**  
Registrar's No. **1026**

318

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BIRTH NO. \_\_\_\_\_ REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. \_\_\_\_\_

|  |  |  |                                     |
|--|--|--|-------------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <b>Missouri</b><br>b. COUNTY       |                                     |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><b>St. Louis</b> |  | c. LENGTH OF STAY (in this place)<br><b>5 days</b>   | c. CITY OR TOWN<br><b>St. Louis</b> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>Missouri Baptist Hospital</b>              |  | d. Is Residence within limits of a city or incorporated town?<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |                                     |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>Missouri Baptist Hospital</b>              |  | • STREET ADDRESS (If rural, give location)<br><b>23 2642 Armand Place</b>  |                                     |

|                                     |                             |                             |                             |  |
|-------------------------------------|-----------------------------|-----------------------------|-----------------------------|--|
| 3. NAME OF DECEASED (Type or Print) | a. (First)<br><b>Joseph</b> | b. (Middle)<br><b>Louis</b> | c. (Last)<br><b>Knierim</b> | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>January 28, 1956</b> |
|-------------------------------------|-----------------------------|-----------------------------|-----------------------------|--|

|                       |                                  |  |   |  |
|-----------------------|----------------------------------|--|---|--|
| 5. SEX<br><b>Male</b> | 6. COLOR OR RACE<br><b>White</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Married</b> | 8. DATE OF BIRTH<br><b>December 1, 1886</b> | 9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.<br><b>69</b> |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Maintenance Man</b> | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Mueller Erection Co.</b> | 11. BIRTHPLACE (City and State or Foreign Country)<br><b>St. Louis, Missouri.</b> | 12. CITIZEN OF WHAT COUNTRY?<br><b>USA.</b> |
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| 13a. FATHER'S NAME<br><b>Charles Knierim</b> | 13b. MOTHER'S MAIDEN NAME<br><b>Rose Lambert</b> | 14. NAME OF HUSBAND OR WIFE<br><b>Elizabeth</b> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>no none</b> | 16. SOCIAL SECURITY NO.<br><b>494-09-9653</b> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><b>Mrs. Elizabeth Knierim 2642 Armand Pl.</b> |
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| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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   |              | INTERVAL BETWEEN ONSET AND DEATH            |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pulmonary Embolism</b>  |              | <b>1/2 hrs</b>                              |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>Thromb. Lt. Atrium</b><br>DUE TO (c) <b>Atherosclerotic Cardiovascular Disease</b> |              | <b>(uncertain) 1-2 wks.</b><br><b>Years</b> |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><b>Gangrene of Feet</b>  |   | <b>2 yrs</b> |   |

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| 19a. DATE OF OPERATION<br><b>12/16/55 &amp; 1/28/56</b> | 19b. MAJOR FINDINGS OF OPERATION<br><b>Medial thigh Amputation - Lt. side foot</b> | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
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| 21a. ACCIDENT SUICIDE HOMICIDE (Specify)<br><b>Suicide</b> | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)<br><b>#2-2-#</b> | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)<br><b>#2-2-#</b> |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 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 **11/21, 1955**, to **1/28, 1956**, that I last saw the deceased alive on **1/28, 1956**, and that death occurred at **11:30A** m., from the causes and on the date stated above.

|   |  |                                    |
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| 23a. SIGNATURE (Degree or title)<br><b>J. Ernest Jensen, M.D.</b> | 23b. ADDRESS<br><b>634 N. Grand Street</b> | 23c. DATE SIGNED<br><b>1/30/56</b> |
|---|--|------------------------------------|

|   |                                   |   |   |
|---|-----------------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Removal</b> | 24b. DATE<br><b>Jan. 31, 1956</b> | 24c. NAME OF CEMETERY OR CREMATORY<br><b>Oak Grove Cemetery</b> | 24d. LOCATION (City, town, or county) (State)<br><b>7800 St. Charles Road</b> |
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| DATE REC'D BY LOCAL REG.<br><b>JAN 30 1956</b> | REGISTRAR'S SIGNATURE<br><b>Carl Smith MO</b> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><b>C. Hoffmeister Colonial Mortuary 6164 Chippawa St.</b> |
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(Licensed Embalmer's Statement on Reverse Side)

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

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**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.....  
*Linus C. Hoffme*

Licensed Embalmer No. 387

P. O. Address... 744 S.

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.