

FILED MAR 10 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-007448  
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003

Registrar's No. 2136

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN University City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 25 City Hosp.		Length of stay in lb 46 yrs.	d. STREET ADDRESS (If outside, give location) 27 6406 Cabanne		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last LOUIS KNEZNEKOFF			4. DATE OF DEATH Month Day Year Feb. 21, 1958		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 25, 1896	9. AGE (In years last birthday) 61	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) Merchant		10b. KIND OF BUSINESS OR INDUSTRY Retail Furnishing		11. BIRTHPLACE (City and state or country) USSR	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Harry Kneznekoff		13b. MOTHER'S MAIDEN NAME Dora Rappaport	
14. NAME OF HUSBAND OR WIFE Fannie		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes WW#1		16. SOCIAL SECURITY NO. Unk.	
17. INFORMANT Fannie Kneznekoff		Address 6406 Cabanne		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Heart pericardium;</i> DUE TO (b) <i>Stab wound of the heart</i> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal condition given in PART I (a) or (b) or (c). <i>Suffered when stabbed with sharp knife in the hands of party who attempted to walk up of store at 2726 Market St about 9:15 p.m., February 21, 1958.</i>	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART I or PART II, line 18.) <i>as parties unknown, in attempted walk up of store at 2726 Market St about 9:15 p.m., February 21, 1958.</i>	
20c. TIME OF INJURY Hour Month, Day, Year 5:25 p.m. - 2 21 58		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 27 store	
20f. CITY, TOWN, OR LOCATION St. Louis		COUNTY Mo.		STATE	
21. I attended the deceased from _____, to _____, and last saw her/him alive on _____ Death occurred at 7:30 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Gabriel J. Taylor Carver			22b. ADDRESS 1300 Clark		22c. DATE SIGNED FEB 22 1958
23a. BURIAL, CREMATION, REMOVAL (Specify) Rem.		23b. DATE 2/23/58		23c. NAME OF CEMETERY OR CREMATORY Onesed Shel Emeth	
23d. LOCATION (City, town, or county) University City, Mo.		(State)		24. FUNERAL DIRECTOR Berger Memorial	
ADDRESS 4715 McPherson Ave.		25. DATE RECD. BY LOCAL REG. FEB 24 '58		26. REGISTRAR'S SIGNATURE Paul Smith Mo	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Faint, mostly illegible text at the top of the page, possibly containing names and dates.

**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 *Sawnee J. Dineen* .....

.....-Licensed Embalmer No. *3988* .....

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.