

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-034418
Star File No. 9443
Registrar's No.

OCT 14 1958

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

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give town) OR <u>St. Louis, Mo.</u>		c. CITY OR TOWN <u>Overland</u>	d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place)		e. STREET ADDRESS <u>2989 Lindicott</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>31 St. Louis State Hospital</u>		f. XXXXXXXXXXXXXXXXXXXXXXXXXXXX	
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHANNA</u>		b. (Middle) <u>KNOLLMANN</u>	c. (Last)
4. DATE OF DEATH <u>Oct. 1, 1958</u>		5. SEX <u>Female</u>	
6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	
8. DATE OF BIRTH <u>Feb. 3, 1874</u>		9. AGE (In years last birthday) <u>84</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>formerly: housework</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) <u>Germany</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Theo. Bartberg</u>		13b. MOTHER'S MAIDEN NAME <u>Lena (Wellmann)</u>	
14. NAME OF HUSBAND OR WIFE <u>Hanley Knollmann</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	
16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Rudolph Knollmann, Overland, Mo.</u>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Broncho Pneumonia (bilateral)</u>		INTERVAL BETWEEN ONSET AND DEATH <u>18 days</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Enforced bed rest from Decubital Ulcer</u>		<u>25 days</u>	
DUE TO (c) <u>304X</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Diaphragmatic hernia</u>		<u>2 yrs. plus</u>	
<u>C B S assoc. with senile dementia</u>		<u>20 yrs. plus</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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)		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 <u>June 27, 1927</u> , to <u>Oct. 1, 1958</u> , that I last saw the deceased alive on <u>Oct. 1, 1958</u> , and that death occurred at <u>8:10 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>A. F. Heusler, M.D.</u>		23b. ADDRESS <u>5400 Arsenal St.</u>	
23c. DATE SIGNED <u>10-2-58</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Oct. 3, 1958</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Valhalla Crematory</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, County, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>OCT 2 '58</u>		REGISTRAR'S SIGNATURE <u>Earl Smith</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Ortmann Funeral Home</u>		ADDRESS <u>Overland, Mo.</u>	

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 *Al C. Detmann*

Licensed Embalmer No. *347*

P. O. Address *Overland*

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.