Health, Welfare Public Service

300 -57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-003809
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 544 Registrar's No. 370

FILED FEB 16 1959

1. PLACE OF DEATH
a. COUNTY St.Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirkwood — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St. Joseph's Hospital — Length of stay in 1b 2 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St Louis
c. CITY OR TOWN KIRKWOOD 4009 — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 1101 So. Lindbergh — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First (Brother) Gerard Middle F. Last Knuth
4. DATE OF DEATH Month 2 Day 6 Year 1959

5. SEX M
6. COLOR OR RACE W
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH 2-26-1909
9. AGE (In years last birthday) 49 — 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) Brother of Mary
10b. KIND OF BUSINESS OR INDUSTRY Religious Order
11. BIRTHPLACE (City and state or country) Chigo CHICAGO, ILL.
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME A lexander Knuth
13b. MOTHER'S MAIDEN NAME Louise Wallisch
14. NAME OF HUSBAND OR WIFE (never married)

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 (Brother) Fred Weisbruck Address 1101 S Lindbergh Kirkwood, Missouri

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Amyothrophic Lateral Sclerosis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 3561

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 4 Feb 59, to time of death and last saw ~~her~~ him alive on 6 pm 5 Feb 59
Death occurred at 1:30 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Joseph C. Ernst MD
22b. ADDRESS 11774 Manchester St Louis 22
22c. DATE SIGNED 6 Feb 59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 2-9-1959
23c. NAME OF CEMETERY OR CREMATORY MARYHURST CEMETERY
23d. LOCATION (City, town, or county) Kirkwood (State) Missouri

24. FUNERAL DIRECTOR ADDRESS Hoffmeister Colonial Mortuary 6464 Chippewa Street, St.Louis 9, Missouri
25. DATE RECD. BY LOCAL REG. 2-7-59
26. REGISTRAR'S SIGNATURE John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 .....

Licensed Embalmer No. 4764

P. O. Address ... St. Louis, Mo.

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.