

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-003660

FILED VS FEB 5 1960

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. **2 836** STATE FILE NUMBER

|   |   |  |  |
|---|---|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Mo.</b> b. COUNTY |  |
| b. CITY (if outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>St. Louis, Mo.</b>              | Length of stay in 1b  | c. CITY OR TOWN <b>St. Louis</b>   | Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>  |
| c. FULL NAME OF (if NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>St. Anthony Hosp.</b> | Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (if outside, give location)<br><b>800 Holly Hills</b>  | Reside on Farm<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |

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|---|--|--|--|--|--|
| 3. NAME OF DECEASED<br>(Type or print)<br>First Middle Last<br><b>Herman A. Knoll</b> |  |  | 4. DATE OF DEATH<br>Month Day Year<br><b>Jan. 21, 1960</b> |  |  |
|---|--|--|--|--|--|

|                       |                                  |   |   |                                     |                                |                              |
|-----------------------|----------------------------------|---|---|-------------------------------------|--------------------------------|------------------------------|
| 5. SEX<br><b>male</b> | 6. COLOR OR RACE<br><b>white</b> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>May 29, 1894</b> | 9. AGE (last birthday)<br><b>65</b> | IF UNDER 1 YEAR<br>Months Days | IF UNDER 24 HR<br>Hours Min. |
|-----------------------|----------------------------------|---|---|-------------------------------------|--------------------------------|------------------------------|

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|---|---|---|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Florist</b> | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>owner</b> | 11. BIRTHPLACE (City and state or country)<br><b>St. Louis, Mo.</b> | 12. CITIZEN OF WHAT COUNTRY<br><b>USA</b> |
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| 13a. FATHER'S NAME<br><b>John Knoll</b> | 13b. MOTHER'S MAIDEN NAME<br><b>Sophia Blank</b> | 14. NAME OF HUSBAND OR WIFE<br><b>Elsie E. Knoll</b> |
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|  |                                  |   |
|--|----------------------------------|---|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (if yes, give year or dates of service)<br><b>Yes World War One</b> | 16. SOCIAL SECURITY NO.<br>_____ | 17. INFORMANT Address<br><b>Elsie Knoll 800 Holly Hills</b> |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY: |   | INTERVAL BETWEEN ONSET AND DEATH |                  |
| IMMEDIATE CAUSE (a)  | <b>acute myocardial failure @ E coronary</b>                  |                                  | <b>few hours</b> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.               | DUE TO (b) <b>infarct super-imposed on - 420.1</b>            |                                  |                  |
|  | DUE TO (c) <b>H. Brundle Branch Block + myocardial damage</b> |                                  |                  |

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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><b>Original hemorrhoidectomy 1/21/60 at 9:00 am.</b> | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
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|---|---|---|
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)<br><b>none</b> |
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|---|--|--|--|
| 20c. TIME OF INJURY<br>Hour a.m. p.m.<br>Month, Day, Year | 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.) | 20f. CITY, TOWN, OR LOCATION<br>COUNTY STATE |
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| 21. I attended the deceased from <b>1/19/60</b> to <b>1/21/60</b> and last saw him <sup>her</sup> alive on <b>1/21/60</b><br>Death occurred at <b>10 p.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated. |
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|   |   |                                    |
|---|---|------------------------------------|
| 22a. SIGNATURE (Degree or title)<br><b>Wm J. Notman DDS</b> | 22b. ADDRESS<br><b>3804 Wilington Ave</b> | 22c. DATE SIGNED<br><b>1/23/60</b> |
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|   |                              |  |  |
|---|------------------------------|--|--|
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>removal</b> | 23b. DATE<br><b>1-25-60n</b> | 23c. NAME OF CEMETERY OR CREMATORY<br><b>National Cem.</b> | 23d. LOCATION (City, town, or county)<br><b>Jeff. Brks., Mo.</b> |
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| 24. FUNERAL DIRECTOR ADDRESS<br><b>Southern Funeral Home<br/>6322 S. Grand, St. Louis, Mo.</b> | 25. DATE RECD. BY LOCAL REG.<br><b>JAN 25 1960</b> | 26. REGISTRAR'S SIGNATURE<br><b>Earl Smith, M.D.</b> |
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed *David Van Harsan*

Licensed Embalmer No. 4242

P. O. Address St. Louis

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.