

# IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-009135

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Registration District No. 544 Primary Registration District No. 544 Registrar's No. 712 STATE FILE NUMBER

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <b>St. Louis</b>	b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Kirkwood</b>	a. STATE <b>Mo.</b>	b. COUNTY
Length of stay in 1b <b>1 Week</b>		c. CITY OR TOWN <b>St. Louis</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Joseph Hospital</b>		d. STREET ADDRESS <b>5421 Lindenwood Ave.</b>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
First <b>WALTER</b>	Middle <b>R.</b>	Last <b>KNOLL</b>	Month <b>Feb.</b>	Day <b>29</b>	Year <b>1960</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>4-4-1904</b>	9. AGE (last birthday) <b>55</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Florist-Self Employed</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Floral</b>	11. BIRTHPLACE (City and state or country) <b>St. Louis, Mo.</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>John Knoll</b>		13b. MOTHER'S MAIDEN NAME <b>Sophia Blank</b>		14. NAME OF HUSBAND OR WIFE <b>Evelyn Knoll</b>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>499-36-9452</b>	17. INFORMANT <b>Evelyn Knoll 5421 Lindenwood Ave.</b>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
PART I. IMMEDIATE CAUSE (a) <b>acute coronary occlusion</b>		<b>60 seconds</b>
DUE TO (b) <b>previous coronary occlusion</b>		<b>3 weeks</b>
DUE TO (c) <b>420.1</b>		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>diabetes mellitus</b>		PART III. If deceased was female was there a pregnancy in last 90 days. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? 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.)
20c. TIME OF INJURY Hour a.m. p.m. 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 <b>St. Louis</b>	COUNTY <b>St. Louis</b>	STATE <b>Mo.</b>
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21. I attended the deceased from **1959** to **1960** and last saw her/him alive on **2/23/60**  
 Death occurred at **6:45 A.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <b>Netajean B. Kappesser, M.D.</b>	22b. ADDRESS <b>3284 Ivanhoe St. Louis Mo</b>	22c. DATE SIGNED <b>3/1/60</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Cremation</b>	23b. DATE <b>March 2, 1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Valhalla Crematory</b>
24. FUNERAL DIRECTOR <b>Kriegshausen 4228 S.Kingshighway Blvd.</b>		23d. LOCATION (City, town, or county) <b>St. Louis County, Mo.</b>

25. DATE RECD. BY LOCAL REG. <b>3-1-60</b>	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>
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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 R. W. Storrson

Licensed Embalmer No. 4007

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.