

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-017891

FILED VS. APR 20 1960 317 Primary Registration District No. 500 Registrar's No. 1183 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <i>Koch, Missouri</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis</i>		Length of stay in 1b <i>2 mo. 3 days</i>	c. CITY OR TOWN <i>St. Louis</i>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Robert Koch Hospital</i>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <i>4710 Virginia</i>

3. NAME OF DECEASED (Type or print) First <i>HENRY</i> Middle Last <i>KNELL</i>			4. DATE OF DEATH Month <i>4</i> - Day <i>9</i> - Year <i>60</i>		
5. SEX <i>MALE</i>	6. COLOR OR RACE <i>WHITE</i>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>7-31-82</i>	9. AGE (last birthday) <i>77</i>	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Auto Hauger</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Decorating-- Retired</i>		11. BIRTHPLACE (City and state or country) <i>Missouri</i>	
12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>		13a. FATHER'S NAME <i>Daniel Knell</i>		13b. MOTHER'S MAIDEN NAME <i>? Hartman</i>	
14. NAME OF HUSBAND OR WIFE <i>Emana Brenner</i>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>None?</i>	
17. INFORMANT <i>Robert Koch Hospital Records, Koch, Mo.</i>		17. INFORMANT Address			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) *Pulmonary Embolism*

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) *Fracture of distal end of right radius and fracture of right patella & fracture of tibia of usual bone*
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Emphysema, Sinus arteriosclerotic heart disease

PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No Unknown

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 Month, Day, Year
a.m. p.m.

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 *2-5-60* to *4-9-60* and last saw her/him alive on *4-9-60*
Death occurred at *12:40* p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)
Howell G. Russell, M.D.

22b. ADDRESS
Robert Koch Hosp, Koch, Mo

22c. DATE SIGNED
4/9/60

23a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

23b. DATE
4-12-60

23c. NAME OF CEMETERY OR CREMATORY
Park Lawn Cemetery

23d. LOCATION (City, town, or county) State
1600 Lemay Ferry Road Lemay, Mo.

24. FUNERAL DIRECTOR
C. Hoffmeister Mortuaries
ADDRESS
7814 S. Broadway

APR 1960

REGISTRAR'S SIGNATURE
John G. ...

DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

VS APR 29 1960

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

John L. Denne

Licensed Embalmer No. 4194

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.