

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis						
b. CITY (If outside corporate limits, give TOWNSHIP only) St. Louis		Length of stay in 1b 3 hours		c. CITY OR TOWN Bridgeton		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis City Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 12725 Hemet Lane		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Middle Last DANIEL VICTOR KNOKE				4. DATE OF DEATH Month Day Year October 30 1960						
5. SEX male	6. COLOR OR RACE white	7. Marital Status Widowed <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 1/3/1940	9. AGE (last birthday) 20 years	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk			10b. KIND OF BUSINESS OR INDUSTRY Construction		11. BIRTHPLACE (City and state or country) Chicago, Illinois		12. CITIZEN OF WHAT COUNTRY U.S.A.			
13a. FATHER'S NAME Daniel C. Knoke			13b. MOTHER'S MAIDEN NAME Helen Schmidt			14. NAME OF HUSBAND OR WIFE				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes 8/5/1957-7/19/1960			16. SOCIAL SECURITY NO. 493 42 5208		17. INFORMANT Address Daniel G. Knoke - 12725 Hemet Lane					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Fractured Skull DUE TO (b) Subarachnoid Hemorrhage over right hemisphere. DUE TO (c) Operated by disease PART II. OTHER SIGNIFICANT CONDITIONS (Disease conditions leading to DEATH but not listed in the cause of death, disease condition given in PART I) stroke and stroke of cerebral artery PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown							INTERVAL BETWEEN ONSET AND DEATH			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW AND WHERE OCCURRED. (Enter nature of injury, if PART I or PART II is not applicable.) stroke while on MacArthur street pylon on MacArthur						
20c. TIME OF INJURY Hour a.m. 3:25 Month, Day, Year 10 30 1960	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>							20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 00 Bridge	20f. CITY, TOWN, OR LOCATION COUNTY STATE St Louis Mo	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ 6408 _____ on the date stated above, and to the best of my knowledge, from the causes stated.										
22a. SIGNATURE (Degree or title) Joseph M. [Signature]				22b. ADDRESS 1300 Clark				22c. DATE SIGNED 11-1-60		
23a. BURIAL, CREMATION, REMOVAL (Specify) removal		23b. DATE Nov. 2, 1960	23c. NAME OF CEMETERY OR CREMATORY Memorial Park		23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri					
24. FUNERAL DIRECTOR ADDRESS BUCHHOLZ MORT. - 5967 W. Florissant Ave.				25. DATE RECD. BY LOCAL REG. NOV 1 1960		26. REGISTRAR'S SIGNATURE Walter Smith M.D.				

DOCUMENT

MEDICAL CERTIFICATION

BY AFFRUIT 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 _____, Student Embalmer No. _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *Richard Busch*

Licensed Embalmer No. 4557

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.