

318 1003

-61-027021  
STATE FILE NUMBER

AMENDED

Registration District No. **FILED AUG 8 1961** Primary Registration District No. **1003** Registrar's No. **7087**

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH  
a. COUNTY \_\_\_\_\_  
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **ST. Louis** Length of stay in 1b \_\_\_\_\_  
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **Lutheran Hospital** Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE **Missouri** b. COUNTY \_\_\_\_\_  
c. CITY OR TOWN **ST. Louis** Inside Limits Yes  No   
d. STREET ADDRESS (If outside, give location) **4104 Ross** Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First **Thomas** Middle **Adam** Last **Knittel** 4. DATE OF DEATH Month **July** Day **31** Year **1961**

5. SEX **Male** 6. COLOR OR RACE **White** 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH **Feb. 4, 1897** 9. AGE (last birthday) **64** IF UNDER 1 YEAR Months \_\_\_\_\_ Days \_\_\_\_\_ IF UNDER 24 HR Hours \_\_\_\_\_ Min. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Carpenter Contractor** 10b. KIND OF BUSINESS OR INDUSTRY **Own business** 11. BIRTHPLACE (City and state or country) **St. Louis, Mo.** 12. CITIZEN OF WHAT COUNTRY **U.S.A.**

13a. FATHER'S NAME **Thomas F. Knittel** 13b. MOTHER'S MAIDEN NAME **Dora Schmidt** 14. NAME OF HUSBAND OR WIFE **Violet Knittel**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **yes U.W.#1** 16. SOCIAL SECURITY NO. \_\_\_\_\_ 17. INFORMANT **Violet Knittel** Address **4104 Ross**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) **Cerebral Hemorrhage.**  
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) **Diabetes Mellitus.**  
DUE TO (c) **260X**

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) \_\_\_\_\_ 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 \_\_\_\_\_ 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 \_\_\_\_\_ to \_\_\_\_\_ and last saw her/him alive on \_\_\_\_\_ Death occurred at \_\_\_\_\_ on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE **[Signature]** (Degree or title) **22c** 22b. ADDRESS **1200 Clark** 22c. DATE SIGNED **7-31-61**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 23b. DATE **Aug. 3, 1961** 23c. NAME OF CEMETERY OR CREMATORY **Sunset Burial Park** 23d. LOCATION (City, town, or county) **ST. Louis, Co. Mo.** (State) \_\_\_\_\_

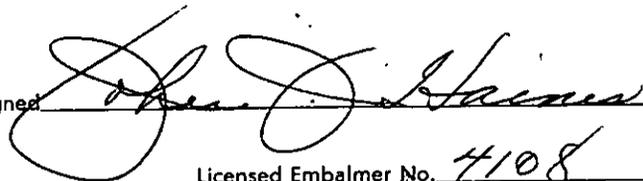
24. FUNERAL DIRECTOR **Willy Bur. L. & H.C.** ADDRESS **6409 Gravis Ave** 25. DATE RECD. BY LOCAL REG. **JUL 31 1961** 26. REGISTRAR'S SIGNATURE **Joan Smith, M.D.**

**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. 4108

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.