DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33859

NOV 13 1939

Registration District No. 791

Primary Registration District No.

Registrar's No. 8397

1. PLACE OF DEATH: 1003

(a) County: 1

(b) City or town: St. Louis, Missouri (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Hospital, #1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 3 Days (Specify whether years, months or days)

In this community: 23 yr

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: 1

(c) City or town: St Louis (If outside city or town limits, write "RURAL")

(d) Street No.: 3934 Delmar (If rural, give location)

(e) If foreign born, how long in U. S. A.? 23 years.

3. (a) PRINT FULL NAME: Gust Knoll 540

3. (b) If veteran, name war: Nil

3. (c) Social Security No.: Nil

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widow

6. (b) Name of husband or wife: Josephine.

6. (c) Age of husband or wife if alive: Deceased years

7. Birth date of deceased: June 26 1863 (Month) (Day) (Year)

8. AGE: Years 76 Months 3 Days 3 If less than one day hr. min.

9. Birthplace: Germany (City, town, or county) (State or foreign country)

10. Usual occupation: Baggage Clerk R.R.

11. Industry or business: Railroad, retired

FATHER
12. Name: Gustave Knoll
13. Birthplace: Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: unknown
15. Birthplace: Germany (City, town, or county) (State or foreign country)

16. (a) Informant's own signature: Minnie Knoll

(b) Address: 4872 Delmar

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10/2/39 (Month) (Day) (Year)

(c) Place: burial or cremation: Lakewood Park

18. (a) Signature of funeral director: Muller Bros.

(b) Address: 4259 Lindell Blvd.

19. (a) OCT 1 1939 (Date received by registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 29, year 1939 hour 2:10 minute A. M.

21. I hereby certify that I attended the deceased from September 27, 1939, to September 29, 1939 that I last saw him alive on September 29, 1939 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Myocarditis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature: Geo M. Pike (M. D. or other)

Address: 1515 Lafayette, Date signed: 9/29/39

(Licensed Embalmer's Statement on Reverse Side)

N. B. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Howard F. Carula

Licensed Embalmer No. 3114

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.