S. No. 2
—11-10-39
. 5-17-39
I X21492

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 17272
Registrar's No. 4750

Registration District No. 791 | Primary Registration District No.

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Johns Hospital.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 20 hours. (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Pine Lawn, NR
(If outside city or town limits write "RURAL")
(d) Street No. 2120 Louise Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME EDWIN W. KNOLL. 540
3. (b) If veteran, name war World War
3. (c) Social Security No. 492-07-8484
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Florence Knoll.
6. (c) Age of husband or wife if alive 34 years
7. Birth date of deceased January 3, 1897. (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
43	4	27	hr. min.

9. Birthplace St. Louis, (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Milk Wagon Driver.
11. Industry or business St. Louis Dairy Co.
FATHER 12. Name Henry W. Knoll.
13. Birthplace St. Louis, (City, town, or county) Missouri (State or foreign country)
MOTHER 14. Maiden name Louise Reube.
15. Birthplace ? (City, town, or county) Illinois (State or foreign country)
16. (a) Informant Mr. Harry Knoll.
(b) Address 2168 Louise Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-1-1940. (Month) (Day) (Year)
(c) Place: burial or cremation St. Peters Cemetery.
18. (a) Signature of funeral director Geo. L. Pleitsch Inc.
(b) Address 5966-68 Easton Ave.
19. (a) MAY 31 1940 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 30th. year 1940. hour 4 minute 00 A.M.
21. I hereby certify that I attended the deceased from , 19 , to , 19 ;
that I last saw him alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hemorrhage due to	
Due to Basal Fracture of Skull	
when a truck he was	
Due to driving crashed	
into the East Gate	
Other conditions (Include pregnancy within 3 months of death) Part of the	
Jefferson Cor Ridge Cemetery	
Major findings: Of operations 6:30 Am May 29 - 1940	PHYSICIAN Underline the cause to which death should be charged statistically.
Autopsy Accident	

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence 5-29-40
(c) Where did injury occur? Pine Lawn (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place (Specify type of place)
While at work? (e) Means of injury
23. Signature Joseph M. Freund (M. D. or other)
Address Deputy Coroner Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 3454 David C. Gibson, Registered Apprentice No. ..... working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 5966 Easton 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 this body is not embalmed, above space should be left blank.