S. No. 2
-11-10-39
5-17-39
I X21492

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

JUL 17 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

791

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

10003

State File No. 20053

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 5001

1. PLACE OF DEATH:

(a) County 2

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

(c) Name of hospital or institution:
4459a Clarence Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County _____

(c) City or town St. Louis. 9
(If outside city or town limits, write "RURAL")

(d) Street No. 4459a Clarence Ave
(If rural, give location)

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

MEDICAL CERTIFICATION

8. (a) PRINT FULL NAME John Henry Knickmeyer. 525

8. (b) If veteran, name war No.

8. (c) Social Security No. None.

4. Sex Male.

5. Color or race White.

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Late Catherine Knickmeyer

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

7. Birth date of deceased December (Month) 24 (Day) 1857. (Year)

8. AGE: Years 82 ~~88~~ Months 5 Days 13 If less than one day _____ hr. _____ min.

9. Birthplace St. Louis, (City, town, or county) Missouri. (State or foreign country)

10. Usual occupation Retired Clerk. 0

11. Industry or business _____

FATHER
12. Name Ernst Wm. Knickmeyer. 1
13. Birthplace Germany. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Marie Koefhagen. 9
15. Birthplace Unknown. (City, town, or county) (State or foreign country)

16. (a) Informant Oscar J. Knickmeyer
(b) Address 4459a Clarence Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-10-40. (Month) (Day) (Year)
(c) Place: burial or cremation St. Johns Cem.

18. (a) Signature of funeral director Hy. Leidner und Co.
(b) Address 2223 St. Louis Ave.

19. (a) JUN 7 1940 (Date received local registrar) (b) [signature] (Registrar's signature)

20. DATE OF DEATH: Month June day 7
year 1940 hour 5 minute 30 a M.

21. I hereby certify that I attended the deceased from _____, 19__, to _____, 19__;
that I last saw h_____ alive on _____, 19__;
and that death occurred on the date and hour stated above.

Immediate cause of death Haemorrhage of Brain; Fractured

Due to Skull, due to fall

Due to Down flight of Stairs

Other conditions his home
(Include pregnancy within 3 months of death)

June - 7 - 1940

Major findings:
Of operations about 3 00 A m

Of autopsy Accident

Duration

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) Accident
(b) Date of occurrence 6/7/40
(c) Where did injury occur? St Louis Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
While at work? (e) Means of injury Fall

23. Signature Alfred Perry (M. D. or other)
Address Deputy Coroner Date signed 6/7/40

(Licensed Embalmer's Statement on Reverse Side)

Coroner

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 Homer L. Ponder

Licensed Embalmer No. 3367

P. O. Address 2223 St. Louis ave

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.