

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39516**

FILED DEC 27 1944

1003

Registration District No. _____

Primary Registration District No. _____

Registrar's No. **10531**

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:
3707 Kossuth 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 **51 years** (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____

(c) City or town **St. Louis** **20**

(If outside city or town limits, write "RURAL")

(d) Street No. **2209 N. Market St.**

(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME **Fred H. Knollmann**

(b) If veteran, name war **none**

(c) Social Security No. **none**

4. Sex **male** 5. Color or race **white**

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

6. (b) Name of husband or wife **Rose Knollmann**

6. (c) Age of husband or wife if alive **65** years

7. Birth date of deceased **May 14 1879**

(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	65	6	24	hr. min.

9. Birthplace **York Pa.**

(City, town, or county) (State or foreign country)

10. Usual occupation **City Marshal**

11. Industry or business _____

MOTHER FATHER

12. Name **Wm. O. Knollmann**

13. Birthplace **Germany**

(City, town, or county) (State or foreign country)

14. Maiden name **Mary Kroeger**

15. Birthplace **Germany**

(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Rose Knollmann**

(b) Address **2209 N. Market St.**

17. (a) **Burial** (b) Date thereof **12-11th. 44**

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **Hy. Leidner U. Co.**

(b) Address **2223 St. Louis Ave.**

19. (a) **DEC 11 1944** **J. F. Budack**

(Date reported local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **8** th.

year **1944** hour **1:20** AM minute _____ M.

21. I hereby certify that I attended the deceased from **June 24th** 19**44**, to **Dec 8th** 19**44**

that I last saw **him** alive on **Dec 7th** 19**44**

and that death occurred on the date and hour stated above.

Immediate cause of death _____

Coronary artery of the heart

Due to _____

Due to _____

Duration

June 24th to Dec 8th

Other conditions (include pregnancy within 3 months of death)

Major findings: **X**

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature **Harry A. Meyer** (M. D. or other)

Address **4903 Delmar** Date signed **12/9/44**

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

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 John Ketter
Licensed Embalmer No. 3880
P. O. Address.....

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, fact should be so stated above.