

No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 7 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14310

State File No. _____
Registrar's No. 3974

Registration District No. 318 Primary Registration District No. 1003

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. John's 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 1/2 Days
(Specify whether years, months or days)

In this community _____
(years, months or days)

3. (a) PRINT FULL NAME Joseph H. Knoll

3. (b) If veteran, name war No

3. (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 Ellen McCarthy

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased March 5, 1882
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>66</u>	<u>1</u>	<u>21</u>	hr. _____ min. _____

9. Birthplace St. Louis, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Plumber

11. Industry or business _____

12. Name Herman Knoll 4

13. Birthplace Germany's 1
(City, town or county) (State or foreign country)

14. Maiden name Clare Verharst

15. Birthplace St. Louis 0
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ellen Knoll

(b) Address 4240 N. Euclid

17. (a) Burial (b) Date thereof Apr 29 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Bronschwig and Son Funeral Home

(b) Address 4746 W. Florissant Ave.

19. (a) APR 27 1948 (b) J. F. Breweck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 4240 N. Euclid 9
(If rural, give location)

(e) Citizen of foreign country? 7 0
(Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 26
year 1948 hour 3 minute 05 AM.

21. I hereby certify that I attended the deceased from April 18, 1948, to April 26, 1948,
that I last saw him alive on April 25, 1948,
and that death occurred on the date and hour stated above.

Immediate cause of death Hepatic embolus
Abscess of liver

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy Hepatic embolus
Abscess of liver

Duration 3 weeks

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 John J. Fort (M. D. or other) _____

Address 4703 Arden Ave. Date signed 4-27-48

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 W. W. Wilkins
Licensed Embalmer No. 3575

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.