

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39672

FILED NOV 21 1949

State File No. 39672

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 4464 Registrar's No. 4346

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

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>ST. LOUIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Overland Mo.</u>	c. LENGTH OF STAY (in this place) <u>28 yrs.</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Overland Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>8941 Forest Av.</u>		d. STREET ADDRESS (If rural, give location) <u>8941 Forest Av.</u>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <u>Floran</u>	b. (Middle) <u>Joseph</u>	c. (Last) <u>Knittel</u>	<u>11 7 49</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>1-5-1888</u>	9. AGE (In years last birthday) <u>61</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>2</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>carpentry</u>	11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>

13a. FATHER'S NAME <u>John P. Knittel</u>	13b. MOTHER'S MAIDEN NAME <u>Frances Schaefer</u>	14. NAME OF HUSBAND OR WIFE <u>Emma Knittel</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>194-05-7942</u>
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Emma Knittel</u>		ADDRESS <u>8941 Forest Av Overland</u>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Malignant Colitis</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Ascetia</u> DUE TO (c) <u>Acute Nephritis</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>590 X</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>590 X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 9<sup>th</sup>, 1949, to Nov 7<sup>th</sup>, 1949, that I last saw the deceased alive on Nov 7<sup>th</sup>, 1949, and that death occurred at 8:15 am from the causes and on the date stated above.

23a. SIGNATURE <u>Edna Schumacher</u>	(Degree or title)	23b. ADDRESS <u>8816 St. Charles</u>	23c. DATE SIGNED <u>Nov 8<sup>th</sup> 49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>11-10-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Genevieve Mo.</u>	24d. LOCATION (City, town, or county) (State) <u>St. Genevieve, Mo.</u>
DATE REC'D BY LOCAL REG. <u>11-8-49</u>	REGISTRAR'S SIGNATURE <u>Herbert S. Wombe Major</u>	FUNERAL DIRECTOR'S SIGNATURE <u>Goodhart &amp; Goodhart</u>	ADDRESS <u>2228 St. Louis Av.</u>

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 Al

Student Embalmer No. ....

working under my personal supervision.

Student .....

Student Embalmer

Signed

George W. Wilkinson

Licensed Embalmer No. 3575

P. O. Address W. L. ...

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.