

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

10582

1. PLACE OF DEATH

County St. Louis

Registration District No. 1170

File No. _____

Township _____

Primary Registration District No. 62484

Registered No. 70 (Ward)

City Clayton, Mo.

No. St. Mary's Hosp.

2. FULL NAME

Stephen Knapp

(a) Residence. No. #3912 Arsenal St.

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

2. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jennie Knapp

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 16, 1858

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
69. 9. 2.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Machinist
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) England
(STATE OR COUNTRY)

10. NAME OF FATHER Geo. Knapp

11. BIRTHPLACE OF FATHER (CITY OR TOWN) England
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Sarah Ann

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) England
(STATE OR COUNTRY)

14. INFORMANT Andrew S. Knapp
(Address) 456 Catalina Webster

15. FILED 3/20, 1928 C. L. Jensen
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March, 18th 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec. 24th, 1927, to March 18th, 1928.
That I last saw him alive on March 18th, 1928, and that death occurred, on the date stated above, at 1:35 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocardial Chronic
93C
130 (duration) yrs. 2 mos. 23 ds.

CONTRIBUTORY Nephritis Acute
(SECONDARY) (duration) yrs. 1 mos. 4 ds.

18. WHERE WAS DISEASE CONTRACTED At Home
IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? No DATE OF _____
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Physical findings
(Signed) Acquist F. Neelmann, M.D.
March 19, 1928 (Address) 6194 Delmon Blvd.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Sunset Burial Pk. DATE OF BURIAL 3-20-1928

20. UNDERTAKER C. R. Rupton ADDRESS 1744 1/2 E. Olive

WRITE PROMPTLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

M. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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#3227 So. Jefferson.
6194 Delmar
1-3. P.M.