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

Do not use this space.

39007

File No. 11484

Registered No.

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. 4619 Pershing Ave St. ..... Ward)

2. FULL NAME Louise Whittemore Knapp

(a) Residence. No. 4619 Pershing St., 1201 Ward.
(Usual place of abode) (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

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
female	white	widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 31 - 1866

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	63	0	22	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER Robt. Blackwell Whittemore

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Long Island, N. Y.

12. MAIDEN NAME OF MOTHER Katherine Sopsin

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

14. INFORMANT C. L. Whittemore
(Address) 408 Pine St.

15. NOV 24 1929 FILED, 19 ..... Rich C. Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 23 1929

17. I HEREBY CERTIFY, That I attended deceased from 9/17/29, 19..., to Nov 23, 1929, that I last saw her alive on Nov 21, 1929, and that death occurred, on the date stated above, at 4:12 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
General carcinomatosis.
4-D 13
1-5 2
1-5 E
(duration) ....yrs. 4 mos. ....ds.

CONTRIBUTORY (SECONDARY) Carcinoma stomach
(duration) 1 yrs. ....mos. ....ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? yes DATE OF 9/18/29
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Operation

(Signed) E. U. Master M. D.
Nov 23, 1929 (Address) 908 Beaumont Bldg

*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 Bellefontaine — DATE OF BURIAL Nov 25 1929

20. UNDERTAKER Wagoner Undertaking Co. — ADDRESS 3621 Olive

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. 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.

Dr P. V. Martin
Beaumont Bldg
at 2:00 P.M. today.