NOV 3 1930

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

Do not use this space.

1. PLACE OF DEATH
County St Louis — Registration District No. 1123 — File No. 31049
Township Carondelet — Primary Registration District No. 6248 E — Registered No. 301
City ..... (No. 9108 So Broadway St. ..... Ward)

2. FULL NAME Joseph Knapp.
(a) Residence. No. ..... Afton Mo St., ... Ward. Afton Mo. RR 7
(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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 5-28-1857

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
73	3	8	

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

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

PARENTS
10. NAME OF FATHER Valentine Knapp
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Christine Otto
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

14. INFORMANT Mrs F. Van Beek
(Address) Rhineland Mo

15. FILED Sept. 8, 1930 L. C. Obrock REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9-6 1930

17. I HEREBY CERTIFY, That I attended deceased from 8-4, 1930, to 9-6, 1930 that I last saw him alive on 9-6, 1930, and that death occurred, on the date stated above, at 12 30 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chr Nephritis
131
93C
..... (duration) ? yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Chr myocarditis
..... (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH Home
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Charles W Ehlers, M. D.
9-8, 1930 (Address) 9101 So Broadway

*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: St Peter & Paul Cem
DATE OF BURIAL: Sept. 9 1930

20. UNDERTAKER: C. J. Hoffmeister W. Lt. 1814 S Broadway
ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.