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.

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

MAY 27 1936

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

Do not use this space.

18022

1. PLACE OF DEATH

County St. Louis — Registration District No. 1123 — File No.

Township — Primary Registration District No. 6248 B — Registered No. 135

City Jefferson Barracks (No. Veterans Administration Facility St. Ward)

2. FULL NAME Edward John Knieps

(a) Residence, No. 119 South 12th Street St., Ward. Belleville, Illinois
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred Un yrs. kn mos. ownds. 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Veldia Knieps

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 18, 1899

7. AGE: Years 36 — Months 3 — Days 15 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Barber Shop

10. Date deceased last worked at this occupation, (month and year) Unavailable

11. Total time (years) spent in this occupation Unav.

12. BIRTHPLACE (CITY OR TOWN) Mascoutah (STATE OR COUNTRY) Illinois

FATHER

13. NAME Jacob Knieps

14. BIRTHPLACE (CITY OR TOWN) Unavailable (STATE OR COUNTRY) Germany

MOTHER

15. MAIDEN NAME Sophie Stahl

16. BIRTHPLACE (CITY OR TOWN) Unavailable (STATE OR COUNTRY)

17. INFORMANT M. Schulig Clinical Clerk
(ADDRESS) Veterans Administration Facility.

18. BURIAL, CREMATION, OR REMOVAL Jeff.Brks.,Mo.
PLACE Belleville, Ill. DATE April 6, 1936

19. UNDERTAKER Grundlach & Co.
(ADDRESS) Belleville Ill.

20. FILED Apr. 4, 1936 G. Mowry Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 3, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 6, 1936, to April 3, 1936

I last saw h. im alive on April 3, 1936. Death is said to have occurred on the date stated above, at 10:35 m. p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebrospinal Meningitis (Meningococcus)	Unkn.
Other contributory causes of importance: Mastoiditis, left	Unkn.

Name of operation Mastoidectomy Date of 3/18/36

What test confirmed diagnosis? Clinical manifestations, x-ray and laboratory findings Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. W. Hughes C. W. HUGHES, M. D.

E&P (Address) Vet.Adm.Facility,Jeff.Brks.,Mo.