

OV 26 1938

DEC 8 1938

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

40356
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis 2 Registration District No. 784

(b) Township Normandy 1 Primary Registration District No. 200

(c) City Pine Lawn (d) Street No. 3705 Sylvan Place Registered No. 1936

(e) Length of residence in city or town where death occurred 3 yrs. - mos. - ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 510 Emma A. Knapp

(a) Residence, No. 3705 Sylvan Place St. (If nonresident, give city or town and State)

(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

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 Widow of George Knapp

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 25, 1885

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

83 6 0

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

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

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

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Owego New York

13. NAME Wm. Cram

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown New York

15. MAIDEN NAME Sarah Baker

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown New York

17. INFORMANT Mrs. S. F. Crossmann (ADDRESS) 4011 Blair Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Pellefontaine Cem Nov. 28 1938

19. FUNERAL DIRECTOR Suedmeyer & Sons (ADDRESS) 3934 N. 20th St.

20. FILED Nov 26 1938 J. R. Meyer Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 25 1938

22. I HEREBY CERTIFY, That I attended deceased from 1932 June 19 , to Nov 24 1938

I last saw him alive on Nov 24 1938. Death is said to have occurred on the date stated above, at 9:00 A.M.

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

Arteriosclerosis
Hypertension
Coronary Thrombosis

Other contributory causes of importance: see above

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

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? No

If so, specify..... (Signed) R. M. Crossmann M. D.

(Address) 4011 Blair Ave.

Date of onset
10

94B

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.

STATEMENT BY LICENSED EMBALMER

I, Geo. P. Schubert, Licensed Embalmer No. 2212

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Myself

..... L. E.

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed Geo. P. Schubert

Licensed Embalmer No. 2212

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.)