

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Rev. 5-17-39

67 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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

DEC 13 1939

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 37929

Registration District No. _____

Primary Registration District No. _____

Registrar's No. 9768

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: City Hospital, #1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 5 Mos. 5 Days
(Specify whether _____)
 In this community 45 yrs.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 1503a Obear
(If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Edith Knopp 510

3. (b) If veteran, name was Nil 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Harry Knopp 6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased March 21 1880
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>59</u>	<u>237</u>	<u>22</u>	hr. _____ min. _____

9. Birthplace Salem Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER { 12. Name Wilson M. Jones

13. Birthplace Unknown Virginia
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Harry Knopp
 (b) Address 4722 Alcott

17. (a) Burial (b) Date thereof Nov. 17 1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cem.

18. (a) Signature of funeral director Charles J. Jones
 (b) Address 3934 N. 20th St.

19. (a) NOV 16 1939 (b) J. B. Buck
(Date received local health officer's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 13,
 year 1939 hour 8:00 minute _____ P. M.

21. I hereby certify that I attended the deceased from August 11, 1939 to November 13, 1939
 that I last saw h. er alive on November 13, 1939
 and that death occurred on the date and hour stated above.

Immediate cause of death Multiple Lung Abscesses
Etiology - Unknown

Due to other Conditions

Due to Pulmonary Emphysema
Cause unknown

Other conditions ~~Other conditions~~
(Include pregnancy within 3 months of death)

Major findings:
 Of operations _____

Of autopsy Yes 113

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____
(Specify type of place) (a) Means of injury

23. Signature E. J. Jones (M, D, or other) _____
 Address 1515 Lafayette Date signed 11/14/39

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Geo P Schubert

Registered Apprentice No.....

working under my personal supervision.

Signed.....

Geo P Schubert

Licensed Embalmer No.....

2912

P. O. Address.....

5118th N. Pingalahwa

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.)

If this body is not embalmed, above space should be left blank.