DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38236

Registration District No. 791 DEC 1 1939

Primary Registration District No.

Registrar's No. 10075

1. PLACE OF DEATH:

(a) County 1

(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: Barnes Hospital BARNES HOSPITAL (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 1

(a) State Missouri (b) County

(c) City or town St. Louis 4 (If outside city or town limits, write "RURAL")

(d) Street No. 5949 West Park (If rural, give location)

(e) If foreign born, how long in U. S. A.? 52 years.

3. (a) PRINT FULL NAME KNOEPFLE, John 5 [illegible]

3. (b) If veteran, name war

3. (c) Social Security No. 495-14-7366

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mina Schulteis Knoepfle

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased June (Month) 10 (Day) 1886 (Year)

8. AGE: Years 53 Months 5 Days 15 If less than one day hr. min.

9. Birthplace Reichenbach (City, town, or county) Germany (State or foreign country)

10. Usual occupation General Maintenance Man 6

11. Industry or business 6

FATHER
12. Name John G Knoepfle 6
13. Birthplace (City, town, or county) Germany (State or foreign country) 6

MOTHER
14. Maiden name Adelheide Albrecht
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant's own signature Mina Knoepfle

(b) Address 5949 W. Park

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 27 1939 (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Beiderwieden Funeral Home Inc.

(b) Address 1936 St Louis Ave

19. (a) NOV 26 1939 (Date received local registrar) (b) J B Biedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 25 year 1939 hour 12 minute 50 A.M.

21. I hereby certify that I attended the deceased from November 5, 1939, to November 25, 1939; that I last saw him alive on November 25, 1939; and that death occurred on the date and hour stated above.

Immediate cause of death Uremia Chronic

Due to Glomerular Nephritis

Due to

Other conditions Passive Congestion (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy Granular kidneys Hypertrophy of heart

Duration

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature F R Bradley (M. D. or other)

Address BARNES HOSPITAL Date signed

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

MARGIN RESERVED FOR BINDING

SOM-5-17-39 Rev. 5-17-39 I X19511

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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed.....

Licensed Embalmer No. 3727

P. O. Address 1926 St. Louis Ave.

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.