

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 40872
Registrar's No. 2073

Registration District No. 784 Primary Registration District No. 117

1. PLACE OF DEATH:
 (a) County St. Louis
 (b) City or town Webster Groves
 (c) Name of hospital or institution: 222 Reavis Place
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 10 yrs.
 (Specify whether years, months or days)

3. (a) PRINT FULL NAME Elsie Knapp
 (b) If veteran, name war None
 (c) Social Security No. None
 4. Sex female 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 (b) Name of husband or wife Louis C. Knapp
 (c) Age of husband or wife if alive 59 years
 7. Birth date of deceased June 15 1885
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
54 5 9 hr. min.

9. Birthplace New York City New York
 (City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business

12. Name Unknown Luckow

13. Birthplace London England
 (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 Louis C. Knapp

(b) Address 222 Reavis Pl.

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

(c) Place: burial or cremation New St. Peter & Paul

18. (a) Signature of funeral director W. R. Meyer

(b) Address 7814 S. Broadway

19. (a) NOV 24 1939 (b) W. R. Meyer
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County St. Louis
 (c) City or town Webster Groves
 (If outside city or town limits, write "RURAL")
 (d) Street No. 222 Reavis Pl.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 24
 year 1939 hour 4 minute 30 A. M.

21. I hereby certify that I attended the deceased from June, 1939, to Nov 24, 1939;
 that I last saw her alive on Nov 23, 1939,
 and that death occurred on the date and hour stated above.

Immediate cause of death Generalized carcinoma
 Due to Metastases from left breast
 Due to _____

Other conditions 50
 (Include pregnancy within 3 months of death)

Major findings: Carcinoma left breast
 Of operations operation Aug 1937
 Of autopsy _____

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? _____

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

23. Signature C. J. Holliman (M. D. or other) _____
 Address 55 W. Big Bend Date signed 11/24/39

