

No. 2
-1-4-41
5-17-39
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DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED SEP 8 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29376

Registration District No. 789

Primary Registration District No. 200

Registrar's No. 1817

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Rural-Lemay, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Wilburn Road-Lemay, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 years
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 96
(c) City or town Rural-Lemay
(If outside city or town limits, write "RURAL") 0
(d) Street No. Wilburn Road-Lemay, Mo.
(If rural, give location) 0
(e) Citizen of foreign country? (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 31
year 1941 hour 7 minute 35 P. A. M.
21. I hereby certify that I attended the deceased from 8/2/37
_____ 19____ to 8/21 1941;
that I last saw him alive on 8/31 1941;
and that death occurred on the date and hour stated above.
Immediate cause of death Embolus Duration 1 day

3. (a) PRINT FULL NAME George J. Knapp

3. (b) If veteran, name war _____ 3. (c) Social Security No. none

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

6. (b) Name of husband or wife Emma 6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased February 12 1884
(Month) (Day) (Year)

8. AGE: Years 57 Months 6 Days 19 If less than one day _____ hr. _____ min.

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

10. Usual occupation Printing Pressman
Not Employed

11. Industry or business _____

12. Name Peter Knapp

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

14. Maiden name Sternjacob
(City, town, or county) (State or foreign country)

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

16. (a) Informant Emma Knapp

(b) Address Wilburn Road, Lemay, Mo.

17. (a) Burial (b) Date thereof Sept 3 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Lawn Cemetery

18. (a) Signature of funeral director W. L. ...

(b) Address 3634 Gravois Ave

19. (a) SEP - 2 1941 (b) C. G. Mc ...
(Date received local registration) (Registrar's signature)

Due to Gaugrene of leg

Other conditions Hypertension
(Include pregnancy within 6 months of death)

Major findings: Of operations 99:1

Of autopsy _____

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 D. L. Misteckin (M. D. or other) _____

Address 129 N. ... Date signed 9/2/41

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

26
3

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.....

Frank J. McFarland

Licensed Embalmer No. *2645*

P. O. Address *St Louis*

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, fact should be so stated above.