

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH
1003

30446

State File No. 7785

Registration District No. 791

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4171 Washington Boulevard
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 7 Years
years, months or days

3. (a) PRINT FULL NAME Fred C. Knapp

3. (b) If veteran, name war None 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 Luella Knapp 6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased September 25 1858
(Month) (Day) (Year)

8. AGE: Years 83 Months --- Days 2 If less than one day hr. min.

9. Birthplace Browning Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Station Agent. Retired

11. Industry or business Railroad

12. Name Reece Knapp

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

14. Maiden name Unknown Lant

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

16. (a) Informant's own signature Kenneth C. Knapp

(b) Address 5942 Lotus, St. Louis, Mo.

17. (a) Burial (b) Date thereof Sept. 29, 1941
(Month) (Day) (Year)

(c) Place: burial Valhalla Memorial Park Ceme.

Godfrey Township, Illinois.

18. (a) Signature of funeral director Robert H. Streep

(b) Address Alton, Ill.

19. SEP 29 1941 (b) J. T. Bredbeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17
(c) City or town St. Louis 19
(If outside city or town limits, write "RURAL")
(d) Street No. 4171 Washington Boulevard
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 27
year 1941 hour 7 minute 40 A. M.

21. I hereby certify that I attended the deceased from 12 1941 to Sept 27 1941
that I last saw him alive on Sept 27 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Anginal Pains Duration 1 year

Due to atherosclerosis coronary thrombosis yes

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations AK PHYSICIAN
Of autopsy AK 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? 0

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

23. Signature Arthur Smuler (M. D. or other) MD
Address 2202 University St Date signed _____

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~~

Robert H. Streeper

Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Robert H. Streeper

Licensed Embalmer No. _____

2474

P. O. Address _____

Alton, Ill.

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.