

Registration District No. 291

Primary Registration District No. \_\_\_\_\_

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

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
3203 Russell Blvd  
(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)

3. (a) PRINT FULL NAME: Jennie Knapp

3. (b) If veteran, name war: \*\*\*\*\*  
3. (c) Social Security No. \*\*\*\*\*

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

6. (b) Name of husband or wife: \_\_\_\_\_  
6. (c) Age of husband or wife if alive: \_\_\_\_\_ years

7. Birth date of deceased: March 16 1859  
(Month) (Day) (Year)

8. AGE: Years 82 Months 11 Days 12  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation: At Home

11. Industry or business: \_\_\_\_\_

12. Name: Patrick Durner

13. Birthplace: Ireland  
(State or foreign country)

14. Maiden name: Ellen Wiley

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

16. (a) Informant: Andrew S. Knapp

(b) Address: 3203 Russell Blvd

17. (a) Burial (b) Date thereof: March 2 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Sunset Burial Park

18. (a) Signature of funeral director: Petz Brothers

(b) Address: 3029 Lafayette Ave

19. (a) 2 1942 (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

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.: 3203 Russell Blvd  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country: \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 28th day February  
year 1942 hour 3:10 minute \_\_\_\_\_ P. \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_  
1934 to Feb 28 1942  
that I last saw her alive on Feb 28  
and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral apoplexy  
Duration: 5 days

Due to: hypertension  
hypertension - chronic  
arteriosclerosis  
Due to: \_\_\_\_\_

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: 131b  
Of operations: \_\_\_\_\_

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: Robert Swamer (M. D. or other) \_\_\_\_\_

Address: 1115 Paul Buny Bag Date signed: March 2 1942

MAY 15 1942

JUL 2 - 1942

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**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. Owens,

Licensed Embalmer No. 2245

P. O. Address St Louis Mo

**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.**