S. No. 2
M—1-4-41
v. 5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 6 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22278

Registration District No. 184 Primary Registration District No. 202 Registrar's No. 1383

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Des Peres
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Manchester Road 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none (Specify whether years, months or days)
In this community 4 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96
(c) City or town Des Peres 0
(If outside city or town limits, write "RURAL")
(d) Street No. Manchester, Road 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Elizabeth Knappmeier

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 1

5. Color or race White

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

6. (b) Name of husband or wife Frederick L. Knappmeier

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

7. Birth date of deceased November 9, 1868 (Month) (Day) (Year)

8. AGE: Years 73 Months 7 Days 17 If less than one day hr. min.

9. Birthplace Crover, Mo. 0 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Own home

FATHER
12. Name Daniel Kern
13. Birthplace Germany 4 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown Deutschmann
15. Birthplace Unknown 9 (City, town, or county) (State or foreign country)

16. (a) Informant Wm. Knappmeier
(b) Address Kirkwood, Mo., R#13

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/28/42 (Month) (Day) (Year)
(c) Place: burial or cremation Bethel Cem., Pond, Mo.

18. (a) Signature of funeral director Schrader Funeral Home
(b) Address Ballwin, Mo.

19. (a) JUN 27 1942 (Date received local registrar) (b) C. G. McClure M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26, year 1942 hour 12 minute 30 P. M.

21. I hereby certify that I attended the deceased from June 5th, 1942, to June 26th, 1942 that I last saw her alive on June 26th, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of liver — Duration

Due to HF

Due to

Other conditions Chronic Myocarditis
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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 R. N. Jansen (M. D.)
Address Manchester, Mo. Date signed 6/27/42

(Licensed Embalmer's Statement on Reverse Side)

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 Theo Schrader

Licensed Embalmer No. 3066

P. O. Address Baltimore, Md.

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.