

FILED MAY 15 1944

Registration District No. 318 Primary-Registration District No. 1000 Registrar's No. 4240

1. PLACE OF DEATH:

(a) County St. Louis Mo.

(b) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Isolation Hospital, 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4/27/44 to
5/7/44 (Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Carrole Ann 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. 0

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

7. Birth date of deceased September 24th 1942
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

1	7	12	hr. min.
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9. Birthplace Flower (City, town, or county) Ill (State or foreign country)

10. Usual occupation Infant

11. Industry or business _____

MOTHER FATHER

12. Name Ford Knapp

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

14. Maiden name Edna Wade

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

16. (a) Informant Stella Grady

(b) Address 5600 Arsenal St.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5-9-44
(Month) (Day) (Year)

(c) Place: burial or cremation Winchester, Ill.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) MAY 8 1944 (Date received local registrar) J. F. Brudeen (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County 999

(c) City or town East Alton, Ill
(If outside city or town limits, write "RURAL")

(d) Street No. 386 3rd St.
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 7th
year 1944 hour 1 minute 45 A. M.

21. I hereby certify that I attended the deceased from 4/27
1944, 1944 to May 7th, 1944
that I last saw her alive on May 7th, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Meningitis

Due to B. influenza 12 Mo.

Due to _____

Other conditions (Include pregnancy within 3 months of death) 0

Major findings:
Of operations _____
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 W. Klingberg (M. D. or other) _____

Address Isolation Hosp Date signed _____

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

00
17
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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.....

W. Wilkinson

Licensed Embalmer No..... *3575*.....

P. O. Address.....

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.