7. S. No. 2
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ev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 39386 11573

Registration District No. 5D JAN 31 1946

Primary Registration District No. 1003

Registrar's No.

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: 1212 Oakley Pl.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community ?

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. 1212 Oakley Pl.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Mathilda Knopp

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Andrew Wm. Knopp

6. (c) Age of husband or wife if alive 87 years

7. Birth date of deceased June 26, 1863.
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
82	6	2	hr. min.

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

10. Usual occupation Housework

11. Industry or business

MOTHER FATHER

12. Name John Hartmann

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

14. Maiden name Unknown

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

16. (a) Informant Mr. Andrew Wm. Knopp

(b) Address 1212 Oakley Pl.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 31, 1945. (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Calvin F. Feutz Funeral Home

(b) Address 4828 Natural Bridge Blvd.

19. (a) DEC 31 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 28th year 1945 hour 9:40 minute A. M.

21. I hereby certify that I attended the deceased from Oct 20, 1945, to Dec 28, 1945, that I last saw her alive on 12-28, 1945, and that death occurred on the date and hour stated above.

Immediate cause of death — Duration

Congestive Failure. 5 hr

Due to Arteriosclerosis

Due to Senility

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy No

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature (M. D. or other)

Address Date signed 12-29

(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 John A. Nelson

Licensed Embalmer No. 4186

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.