S. No. 2
0M—2-43
v. 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

FILED APR 12 1946

State File No. 14375

Registration District No. 377 Primary Registration District No. 6076 Registrar's No. 811

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Since 4/5/46 (Specify whether
In this community 50 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Richmond Heights
(If outside city or town limits, write "RURAL")
(d) Street No. 7700 Weston Place
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME KNIFFIN, Alfred D.
3. (b) If veteran, name war World I
3. (c) Social Security No. 712-032-595
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased March (Month) 30 (Day) 1890 (Year)
8. AGE: Years 56 Months 0 Days 7 If less than one day hr. min.
9. Birthplace Belle Rive, Illinois (City, town, or county) (State or foreign country)
10. Usual occupation Railroad Clerk
11. Industry or business
FATHER 12. Name Unknown
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Unknown
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant Clinical Clerk Vet. Adm. Hosp.
(b) Address Jefferson Barracks, Missouri
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof April 10, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Belle Rive, Illinois
18. (a) Signature of funeral director Jay B. Smith
(b) Address 7456 Manchester, Maplewood, Mo.
19. (a) 4-10-46 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 7 year 1946 hour 10:40 minute P M.
21. I hereby certify that I attended the deceased from 4/5/46, 19..., to 4/7/46, 19...; that I last saw him alive on April 7, 19 46 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
HYPERTENSIVE ARTERIAL SYSTEMIC HEART DISEASE WITH MYOCARDIAL DAMAGE & INSUFFICIENCY	UNK
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations No Operation
Of autopsy No 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) No
(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? Gainful injury
23. Signature L. E. STILWELL, M.D. (M. D. or other)
Address Vet. Adm. Hosp. Jeff. Brks., Mo. Date signed 4/8/46

(Licensed Embalmer's Statement on Reverse Side)

APR 25 1946

APR 18 1946

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 3454

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Russell E. Gibson

Licensed Embalmer No. 3454

P. O. Address 7456 Manchester

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.