

FILED APR 29 1946

STANDARD CERTIFICATE OF DEATH

State File No. 14376

Registration District No. 377

Primary Registration District No. 6076

Registrar's No. 899

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Sappington
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Weber Hill Road
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town Sappington 0
(If outside city or town limits, write "RURAL")

(d) Street No. Weber Road 0
(If rural, give location)

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

3. (a) PRINT FULL NAME Augusta Knippenberg

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife F William Knippenberg

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

7. Birth date of deceased January 22, 1863
(Month) (Day) (Year)

8. AGE: 83 Years 2 Months 27 Days - If less than one day
hr. _____ min.

9. Birthplace St Louis Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER { 12. Name Henry Von Drehle

{ 13. Birthplace Not known Germany 4
(City, town, or county) (State or foreign country)

{ 14. Maiden name Mary Kettler

{ 15. Birthplace Not known Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Caroline Bornemann

(b) Address Sappington Missouri

17. (a) burial (b) Date thereof 4/22/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial park

18. (a) Signature of funeral director J L Ziegenhein & Sons

(b) Address 7027 Gravois

19. (a) 4-23-46 (b) E. M. Harrison
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 19
year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from April 4
1946 to April 19 1946
and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis
cerebral hemorrhage

Duration _____

Due to 93d

Due to _____

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

PHYSICIAN _____

Major findings:
Of operations _____

Of autopsy _____

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)
(Specify type of place) (c) Means of injury _____

23. Signature Matilda L. Tibb (M. D. or other) _____

Address 7110 Michigan Date signed 4/20/46

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

LOW 10

MAY 23 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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Sheldon Collier

Licensed Embalmer No. 3382

P. O. Address. 7027 Gravois

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.