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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 31 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 11121

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2831

1. PLACE OF DEATH:

(a) County

(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:
5445 Delor St.
(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 Mo. (b) County oa.o

(c) City or town St. Louis 1417
(If outside city or town limits, write "RURAL")

(d) Street No. 5445 Delor St. 9
(If rural, give location) 0

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

If yes, name country

3. (a) PRINT FULL NAME BERTHA S. KNOPPER

3. (b) If veteran, name war None

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Late William

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

7. Birth date of deceased Jan. (Month) 5 (Day) 1882 (Year)

8. AGE:	Years	Months	Days	If less than one day
	65	2	10	hr. min.

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

10. Usual occupation Housework

11. Industry or business

FATHER
12. Name Harry Rose
13. Birthplace (City, town, or county) U. S. (State or foreign country)

MOTHER
14. Maiden name Lisseta Schmidt
15. Birthplace (City, town, or county) U. S. (State or foreign country)

16. (a) Informant Corinne Wuertenbaecher
(b) Address 5445 Delor St.

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 3 (Month) 18 (Day) 47 (Year)
(c) Place: burial or cremation Missouri Crematory

18. (a) Signature of funeral director Kriegshauser Und. Co.
(b) Address 4228 So. Kingshighway Bl.

19. (a) MAR 2 7 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15th year 1947 hour 8:15 minute A.M.

21. I hereby certify that I attended the deceased from July 1946 to Mar 15 1947 that I last saw her alive on Mar 10 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Chronic

Due to

Due to

Other conditions None
(Include pregnancy within 3 months of death)

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? (Specify type of place)

While at work (e) Means of injury 0

23. Signature Philip J. Schuck (M. D. or other)

Address 1703 S Grand Date signed 3.17.47

(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 Richard W. Stoversand

Licensed Embalmer No. 4007

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.