No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 13 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 19041

Registrar's No. 530

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: St. Johns Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Years (Specify whether years, months or days)
In this community 20 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 221 No. Grand Blvd. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Rev. John E. Knipscher S.J.
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex M.
5. Color or race W.
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Sept. (Month) 20. (Day) 1879 (Year)

8. AGE: Years 67 Months 8 Days 3 If less than one day hr. min.

9. Birthplace Kansas (City, town, or county) (State or foreign country)
10. Usual occupation Religious
11. Industry or business

FATHER
12. Name Theodore Knipscher
13. Birthplace Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Anna Sophia Bruce
15. Birthplace New York (City, town, or county) (State or foreign country)

16. (a) Informant Fr. Roche
(b) Address 221 No. Grand Blvd.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-5-47 (Month) (Day) (Year)
(c) Place: burial or cremation St. Stanislaus
18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd.
19. (a) JUN 4 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 3rd. year 1947 hour 9 minute 35 A.M.

21. I hereby certify that I attended the deceased from June, 1938 to 6/3, 1947 that I last saw him alive on 6-3, 1947 and that death occurred on the date and hour stated above.

Duration

Immediate cause of death: Hypertensive cardio vascular disease + Hypernephroma of rt. kidney — years

Due to

Due to

Other conditions: none (Include pregnancy within 3 months of death)

Major findings:
Of operations: none
Of autopsy: as above

PHYSICIAN — Underline the cause of 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? (e) Means of injury

23. Signature John J. Hammond (M. D. or other) M.D.
Address 634 N. Grand Date signed 6/3/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Mo Theatre Bldg

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 H Van Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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.