

No. 2
-1/47
-17-39

2726

FEDERAL BUREAU OF INVESTIGATION

UNITED STATES DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

National Office of Vital Statistics
FILED JAN 22 1948 318

Registration District No.

Primary Registration District No. 1003

Registrar's No. 38

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: City Sanitarium
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 yrs. 10 mos. 12 ds.
(Specify whether)

In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 0-20

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 5400 Arsenal St. 9
13 (If rural, give location)

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

If yes, name country.....

3. (a) PRINT FULL NAME MARY KNAPP

3. (b) If veteran, name war.....

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 William Knapp

6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased Dec. 13 1894
(Month) (Day) (Year)

AGE:	Years	Months	Days	If less than one day
✓	53	0	18	hr. min.

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

10. Usual occupation Housework

11. Industry or business.....

12. Name ~~XXX XXXX~~ August Roth

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

14. Maiden name not known

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

16. (a) Informant Thelma A. Dingle

(b) Address 5400 Arsenal St.

17. (a) Burial (b) Date thereof 1/5/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friedens

18. (a) Signature of funeral director [Signature]

(b) Address 2117 E. Grand Blvd.

19. (a) JAN 4 1948 (b) J. F. Budiek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 1
year 1948 hour 11.55 minute P M.

21. I hereby certify that I attended the deceased from Mar. 1
1946 to Jan. 1 19 48
that I last saw her alive on Jan. 1 19 48
and that death occurred on the date and hour stated above.

Immediate cause of death.....

Syphilis of the Central Nervous System

Due to..... 2 1/2 yrs. x

Due to.....

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

Major findings:
Of operations.....

Of autopsy.....

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).....

(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 (1)

23. Signature Jack Ridelman (M. D. or other)

Address 5400 Arsenal St. Date signed 1/2/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

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

Frank A. [Signature]

Licensed Embalmer No. 3041

P. O. Address 2117 E. [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.