No. 300
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5-17-39
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28419

FILED SEP 7 1948

Registration District No. 377

Primary Registration District No. 3069

Registrar's No. 1941

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
St. Mary's Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (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 Valley Park 16
(If outside city or town limits, write "RURAL")

(d) Street No. Route #1 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 1

If yes, name country .....

3. (a) PRINT FULL NAME Charles Scott Knabb

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

3. (c) Social Security No. .....

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Daisy Knabb

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased June (Month) 30 (Day) 1873 (Year)

8. AGE: Years 75 | Months 1 | Days 15 | If less than one day ..... hr. ..... min.

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

10. Usual occupation Retired R.R. Conductor

11. Industry or business Frisco R. R.

FATHER
12. Name Chas. H. Knabb
13. Birthplace St. Louis (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name Annie Dugan
15. Birthplace ..... (City, town, or county) Illinois 1 (State or foreign country)

16. (a) Informant Mrs. Daisy Knabb
(b) Address R. R. #1 Valley Park, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/18/48 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Hill Cemetery

18. (a) Signature of funeral director Louis H. Bopp, Inc.
(b) Address 131 W. Argonne Dr. Kirkwood

19. (a) Aug. 17, 1948 (Date received local registrar) (b) Cecil A. T. Sharp, M.D. (Registrar's signature) (B.H.)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 15
year 1948 hour 11 minute 30 P.M.

21. I hereby certify that I attended the deceased from Aug 3, 1948, to Aug 15, 1948
that I last saw him alive on Aug 15, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hypertensive Cardiovascular disease	2 years
Due to Coronary thrombosis	1 days
Due to 9-3-d	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
Of 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) .....
(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 Quentin M. Gaines (M. D. or other)
Address 508 N. Kirkwood Rd Kirkwood, Mo Date signed 8/17/48

(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 Felix Durand

Licensed Embalmer No. 3034

P. O. Address Kirkwood 22 M

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.