FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 4 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31572

Registration District No. 377

Primary Registration District No. 3063

Registrar's No. 2149

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: St. Louis County Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution D.O.A. (Specify whether
In this community Lifetime
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. 3714 Hoffmeister Avenue
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME EDWARD KNEAPP

3. (b) If veteran, name war No

3. (c) Social Security No. 494-09-5176

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Lillie Kneapp

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased October (Month) 5 (Day) 1884 (Year)

8. AGE: Years 63 Months 11 Days 2 If less than one day hr. min.

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

10. Usual occupation Woodworker

11. Industry or business Hill-Behan Lumber Co.

FATHER
12. Name Edward Kneapp
13. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Catherine Moser
15. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs. Lillie Kneapp
(b) Address 3714 Hoffmeister Lemay 23, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/10/48 (Month) (Day) (Year)
(c) Place: burial or cremation Park Lawn Cemetery

18. (a) Signature of funeral director C. Hoffmeister U&L Co.
(b) Address 7814 South Broadway St. Louis, Mo.

19. (a) 9-14-48 (Date received local registrar) (b) Cecil A. J. Shaw MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 7 year 1948 hour minute M.

21. I hereby certify that I attended the deceased from Died without Medical Attendance that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Unknown

Due to

Due to 200

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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

Signature Cecil A. J. Shaw M. D. or other

Address Commissioner of Health Date signed 9-14-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

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 Harry J. Schumacher

Licensed Embalmer No. 2679

P. O. Address 7874 S. Broadway

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.