

FILED APR 23 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14473

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 665

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution) a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>	
b. CITY OR TOWN <u>Normandy</u>		c. CITY OR TOWN <u>Normandy</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Incarnate Word Convent</u>		d. STREET ADDRESS (If rural, give location) <u>2800 Normandy Drive</u>	

3. NAME OF DECEASED (Type or Print) Sister M. Pudentiana (Kniffin)

a. (First) _____ b. (Middle) _____ c. (Last) _____

4. DATE OF DEATH (Month) (Day) (Year) March 17, 1949

5. SEX F. 6. COLOR OR RACE W. 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) S.

8. DATE OF BIRTH Aug. 15, 1870 9. AGE (In years) 78 IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 2 HRS. Hours _____ Mins. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Religious

10b. KIND OF BUSINESS OR INDUSTRY Theological

11. BIRTHPLACE (State or foreign country) Texarkana, Arkansas

12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME John H. Kniffin 13b. MOTHER'S MAIDEN NAME Hattie Benedict 14. NAME OF HUSBAND OR WIFE none

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. _____

17. INFORMANT'S SIGNATURE OR NAME Mother Mary Magdalen ADDRESS 2800 Normandy

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis

ANTECEDENT CAUSES DUE TO (b) Chr. Myocarditis

DUE TO (c) Arterio Sclerosis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH 3 da
20 yr
20 yr

19a. DATE OF OPERATION none 19b. MAJOR FINDINGS OF OPERATION 4221

20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) none 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) none 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR

22. I hereby certify that I attended the deceased from 1-10, 1949, to 3-17, 1949, that I last saw the deceased alive on 3-17, 1949, and that death occurred at 9:20 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Leo H. Klinkerfuss M.D. 23b. ADDRESS 340 Bermuda 23c. DATE SIGNED 3-18-49

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Mar. 19, 1949 24c. NAME OF CEMETERY OR CREMATORY Incarnate Word Cem. 24d. LOCATION (City, town, or county) (State) Normandy, Mo.

DATE REC'D BY LOCAL REG. 3-15-49 REGISTRAR'S SIGNATURE Theresa L. ... 25. FUNERAL DIRECTOR'S SIGNATURE James J. Donnelly ADDRESS 3840 Lindell Blvd.

(Licensed Embalmer's Signature on Reverse Side)

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

56
6
8

340 Dormula Ave
Leans in Hall Box

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.....

Student Embalmer No.

working under my personal supervision.

Signed W H Van Matre

Signed
Student Embalmer

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.