No. 300
10.48

FILED MAR 23 1950

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 10687 1003

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. _____ Registrar's No. 2227

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST LOUIS
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST ANTHONY HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO
b. COUNTY: G
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST LOUIS
d. STREET ADDRESS (If rural, give location): 4523 GIBSON AVE

3. NAME OF DECEASED (Type or Print)
a. (First): JOHN
b. (Middle): FRANK
c. (Last): KNOEPFLER

4. DATE OF DEATH (Month) (Day) (Year): MARCH 6 1950

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: OCT 24-1887
9. AGE (In years last birthday): 62 — IF UNDER 1 YEAR: Months 4, Days 12 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MOTION-PICTURE-OPERATOR
10b. KIND OF BUSINESS OR INDUSTRY: ST. LOUIS AMUSEMENT CO
11. BIRTHPLACE (State or foreign country): GERMANY
12. CITIZEN OF WHAT COUNTRY?: 4
13a. FATHER'S NAME: RAYMOND KNOEPFLER
13b. MOTHER'S MAIDEN NAME: IDA TEXTOR
14. NAME OF HUSBAND OR WIFE: CAROLINE-KNOEPFLER-(DECEASED)
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.: 489-03-6235
17. INFORMANT'S SIGNATURE OR NAME: Ida Knoepfler — **ADDRESS**: 5408 SO-BROADWAY

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

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive cardio-vascular
ANTECEDENT CAUSES — DUE TO (b) heart disease
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. — DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Autopsy — Marked enlargement of heart, congestion of both lungs — Chronic alcoholism — both kidneys fibrosis — Influenza — Abdomen generalized edema

INTERVAL BETWEEN ONSET AND DEATH: 2 th years.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): NO
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Hillsboro X
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Unknown m.
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* 12/19/49, 19__, *to* 3/6/50, 19__, *that I last saw the deceased alive on* 3/6/50, 19__, *and that death occurred at* 10 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: O. C. [illegible] M.D. (Degree or title)
23b. ADDRESS: 4523 Kingsbury
23c. DATE SIGNED: 3/7/50

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: MARCH 9-1950
24c. NAME OF CEMETERY OR CREMATORY: LAKEWOOD-PARK-CEMETERY
24d. LOCATION (City, town, or county) (State): ST LOUIS MO

DATE REC'D BY LOCAL REG.: MAR 8 1950
REGISTRAR'S SIGNATURE: J. B. Lasater
25. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS**: Wm J. Robert Livery & Undertaking Co - 1905 So. Grand Blvd

(Licensed Embalmer's Statement on Reverse Side)

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

3-9-50

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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed.....

Student Embalmer

Signed J. Allen Davis Jr.

Licensed Embalmer No. 4053

P. O. Address St. Louis

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.