No. 300
10.48

XC-4668 884
REG. JUL 16 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25745

BIRTH NO. 7-16-51 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 2489

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

1. PLACE OF DEATH
a. COUNTY ST. LOUIS 4000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) JEFFERSON BRKS., MO.
c. LENGTH OF STAY (In this place) 7 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) VETERANS ADM. HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ST. LOUIS 2099
d. STREET ADDRESS (If rural, give location) 4203 WESTMINISTER PL.

3. NAME OF DECEASED (Type or Print)
a. (First) GAYLON
b. (Middle) KYLE
c. (Last) KNAPP

4. DATE OF DEATH (Month) (Day) (Year) JUNE 21, 1951

5. SEX MALE
6. COLOR OR RACE WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED
8. DATE OF BIRTH 3/29/05
9. AGE (In years last birthday) 46 | IF UNDER 1 YEAR Months 2 Days 22 | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CLERK
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) SIOUX FALLS, S.D.
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME WILLIAM KNAPP
13b. MOTHER'S MAIDEN NAME MARY PUFFER
14. NAME OF HUSBAND OR WIFE HAZEL KNAPP

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) WW-2
16. SOCIAL SECURITY NO. UNKNOWN
17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL RECORDS ADDRESS

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) MITRAL STENOSIS AND INSUFFICIENCY — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) RHEUMATIC HEART DISEASE (with) — 7 yrs.

DUE TO (c)

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

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

VA

22. *I hereby certify that I attended the deceased from* 6/15, 19 51, *to* 6/21, 19 51, *and that death occurred at* 7:40 P *m., from the causes and on the date stated above.*

23a. SIGNATURE Duane K. Taylor, M.D. (Degree or title) M.D.
23b. ADDRESS VAH, JEFF BRKS., MO.
23c. DATE SIGNED 6/21/51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 6-25-51
24c. NAME OF CEMETERY OR CREMATORY National
24d. LOCATION (City, town, or county) (State) Jefferson Barracks, Mo.

DATE REC'D BY LOCAL REG. 6-24-51
REGISTRAR'S SIGNATURE Hubert R. Donke MD
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe, 4700 Washington Blvd.

(Licensed Embalmer) 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.....

....., Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed John J. Haines

Licensed Embalmer No. 4108

P. O. Address St Louis 21, Mo

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.