

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39265

State File No.

FILED DEC 15 1951

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 10765

1. PLACE OF DEATH a. COUNTY <u>St Louis mo</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Illinois</u> b. COUNTY <u>St Clair</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St Louis mo</u>		c. LENGTH OF STAY (in this place) <u>17 days</u>	
c. CITY (If outside corporate limits, write RURAL and give township) <u>Washington Park Ill</u>		d. STREET ADDRESS (If rural, give location) <u>2027 7th Street St</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>BARNES HOSPITAL</u>			
3. NAME OF DECEASED a. (First) <u>Pearl</u> b. (Middle) <u>Stella</u> c. (Last) <u>Knapp</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 3 51</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED-NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>2</u>	8. DATE OF BIRTH <u>May 8 1880</u>
9. AGE (In years last birthday) <u>71</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>	11. BIRTHPLACE (State or foreign country) <u>Dahlgren Ill 1</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Harry B. Knapp</u>	13b. MOTHER'S MAIDEN NAME <u>Rachel Hart</u>
14. NAME OF HUSBAND OR WIFE <u>H. B. Knapp</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>
17. INFORMANT'S SIGNATURE OR NAME <u>Miss J. J. Kerigan</u>		ADDRESS <u>St Louis</u>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>UREMIA</u> ANTECEDENT CAUSES DUE TO (b) <u>LYMPHOSARCOMA</u> Morbidity 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.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>200.1</u>	
22. I hereby certify that I attended the deceased from <u>11-16</u> , 19 <u>51</u> , to <u>12-3</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>12/3</u> , 19 <u>51</u> , and that death occurred at <u>4:45 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>J. R. Bradley</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>BARNES HOSPITAL</u>	23c. DATE SIGNED <u>12/3/51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>Dec 4 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt Hope</u>	24d. LOCATION (City, town, or county) (State) <u>Belleville Ill.</u>
DATE REC'D BY LOCAL REG. <u>DEC 4 1951</u>	REGISTRAR'S SIGNATURE <u>W. J. W. J.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Sen. W. Buchler</u> ADDRESS <u>East St. Louis Ill.</u>	

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 me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Gen. H. Baldessini

Licensed Embalmer No. 2420

P. O. Address E. St. Louis, 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.