

FILED DEC 1 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 39266

318

1003

10393

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. 1003 Registrar's No. 10393

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Indiana</u> b. COUNTY |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS, MISSOURI</u> |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Evansville</u> 8/30                         |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BARNES HOSPITAL</u>  |  | d. STREET ADDRESS (If rural, give location) <u>1436 Lincoln Ave</u>   |  |

|   |                               |   |  |   |                             |
|---|-------------------------------|---|--|---|-----------------------------|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>VICTORIA</u> b. (Middle) <u>SCHNUTE</u> c. (Last) <u>KNAPP</u> |                               |   | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>11 22 51</u>             |   |                             |
| 5. SEX <u>Female</u>  | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u> | 8. DATE OF BIRTH <u>MAR. 11 1899</u>                                 | 9. AGE (In years last birthday) <u>52</u> | IF UNDER 1 YEAR Months Days |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>          |                               | 10b. KIND OF BUSINESS OR INDUSTRY                                     | 11. BIRTHPLACE (State or foreign country) <u>Evansville, Indiana</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u>   |                             |

|   |   |   |
|---|---|---|
| 13a. FATHER'S NAME <u>Charles SCHNUTE</u>                                   | 13b. MOTHER'S MAIDEN NAME <u>Elizabeth Hoge</u> | 14. NAME OF HUSBAND OR WIFE <u>DR. V. H. KNAPP</u>                                    |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | 16. SOCIAL SECURITY NO. _____                   | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Dr. V. H. Knapp, Evansville, Indiana</u> |

|  |  |   |  |  |
|--|--|---|--|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><u>Carcinoma of Cervix</u>  |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Cervix</u>  |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>1 1/2 years</u> |
| *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. |  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____ |  |  |
|  |  | II. OTHER SIGNIFICANT CONDITIONS<br>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?<br>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) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <u>171X</u>  |

22. I hereby certify that I attended the deceased from 11/7, 1951, to 11/22, 1951, that I last saw the deceased alive on 11/22, 1951, and that death occurred at 6:20 Pm., from the causes and on the date stated above.

|   |                                     |   |
|---|-------------------------------------|---|
| 23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>M.D.</u> | 23b. ADDRESS <u>BARNES HOSPITAL</u> | 23c. DATE SIGNED <u>11/23/51</u>  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>        | 24b. DATE <u>11-23-51</u>           | 24c. NAME OF CEMETERY OR CREMATORY  |
|   |                                     | 24d. LOCATION (City, town, or county) (State) <u>EVANSVILLE - INDIANA</u> |

|   |  |   |
|---|--|---|
| DATE REC'D BY LOCAL REG. <u>NOV 23 1951</u> | REGISTRAR'S SIGNATURE <u>[Signature]</u> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>C.R. Lupton &amp; Sons - 7233 DELMAR BLVD</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.....

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

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Melvin L. Kemper*

Licensed Embalmer No. *4052*

P. O. Address *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.