

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **9202**

FILED MAR 29 1954

BIRTH NO. _____ REG. DIST. NO. **160** PRIMARY REG. DIST. NO. **559V** Registrar's No. **21**

1. PLACE OF DEATH a. COUNTY Jackson Co.			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY _____		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN FESTUS MO. 111		c. LENGTH OF STAY (in this place) _____	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		2249
d. FULL NAME OF HOSPITAL OR INSTITUTION MOUNTAIN VIEW NURSING Home			d. STREET ADDRESS (If rural, give location) 3301 A PENNSYLVANIA		
3. NAME OF DECEASED (Type or Print) a. (First) JOHN b. (Middle) _____ c. (Last) KNIPP			4. DATE OF DEATH (Month) (Day) (Year) MAR. 12 1954		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JUNE 11 1865	9. AGE (In years last birthday) 88	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED PRINTER	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) GERMANY		12. CITIZEN OF WHAT COUNTRY? 4	
13a. FATHER'S NAME JOHN KNIPP		13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE MARTHA A-KNIPP	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME ADDRESS RAYMOND A. KNIPP 5322 NORTHLAND			
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) Coronary-Vascular Renal Disease				INTERVAL BETWEEN ONSET AND DEATH 1 wks
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last. DUE TO (b) _____ 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 type="checkbox"/> NO <input checked="" 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) 442 X			
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? _____			
22. I hereby certify that I attended the deceased from 7-28 1953 , to 3-12 1954 , that I last saw the deceased alive on 3-12 1954 , and that death occurred at 11:25 p.m. , from the causes and on the date stated above.					
23a. SIGNATURE [Signature] (Degree or title) M.D.			23b. ADDRESS 112 MISSISSIPPI AVE. CRYSTAL CITY		23c. DATE SIGNED 3-15-54
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE MAR. 15 1954	24c. NAME OF CEMETERY OR CREMATORY RESURRECTION	24d. LOCATION (City, town, or county) (State) ST. LOUIS MO.		
DATE REC'D BY LOCAL REG. 3/15/54	REGISTRAR'S SIGNATURE John N. Stoll		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Thomas Kutis 2906 Morris		

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

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

MAR 26 1954

7-4641
Wm. C. Allen, M.D.

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 _____

Licensed Embalmer No. 3989

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.