

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JUN 29 1956

State File No. **21940**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **5909**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place) <b>3 1/2 days</b>	c. CITY OR TOWN <b>St. Louis 6, Missouri</b> d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Missouri Baptist Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>2.5 1217 N 7th St. Neighborhood Garden</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Ethel</b> b. (Middle) <b>Reed</b> c. (Last) <b>Knapp</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>June 21, 1956</b>	
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Sept, 10, 1899</b>
9. AGE (In years last birthday) <b>56yrs</b>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Switch Board Operator</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>American Pac. Co.</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Mo.</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	13a. FATHER'S NAME <b>Reed</b>	13b. MOTHER'S MAIDEN NAME <b>Ada Price</b>	14. NAME OF HUSBAND OR WIFE <b>J. Carr Knapp</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>494-09-1586</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mr. J. Carr Knapp 1217 N 7th St. (6)</b>	
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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>acute myocardial insufficiency</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>arteriosclerosis</b> DUE TO (c) <b>ulceration of left aortic cusp &amp; left coronary ostium</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <b>6 days</b>
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) <b>422.1</b>	
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 <b>6-15-56</b> 19, to <b>6-21-56</b> , 19, that I last saw the deceased alive on <b>6-21-56</b> , 19, and that death occurred at <b>8:45</b> m., from the causes and on the date stated above.			
23a. SIGNATURE <b>A. T. Merkle M.D.</b>		23b. ADDRESS <b>3507 Poloma</b>	23c. DATE SIGNED <b>6-22-56</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>June 25, 1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Valhalla Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis Co., Mo.</b>
DATE REC'D BY LOCAL REG. <b>JUN 22 1956</b>	REGISTRAR'S SIGNATURE <b>Earl Smith</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>W. J. Alexander &amp; Sons 6175 Delmar</b>	

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

Dr. Julius Mesklin  
3507 Potomac  
Pa 1363

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.....  
Signature of Student Embalmer

Signed *Jos. E. McCulloch*

Licensed Embalmer No. 2464

P. O. Address 6125 Potomac

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.