

FILED JUN 22 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

546 State File No. 22315

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 548 Registrar's No. 1271

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Overland</b>		c. CITY OR TOWN <b>St. Louis</b> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (in this place) <b>years</b>		e. STREET ADDRESS (If rural, give location) <b>6820 Pennsylvania 2019</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>8841 Argyle</b>			

3. NAME OF DECEASED (Type or Print) <b>CORDA</b>	a. (First) <b>---</b> b. (Middle) <b>---</b> c. (Last) <b>KNAPP</b>	4. DATE OF DEATH (Month) <b>5-21-1956</b> (Day) (Year)
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>wid.</b>	8. DATE OF BIRTH <b>1-26-1877</b>	9. AGE (In years) (Month) <b>79</b> (Day) <b>3</b> (Hour) <b>25</b> (Min.)
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At Home</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>House Work</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Willowpoint Texas</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Joseph Barnes</b>	13b. MOTHER'S MAIDEN NAME <b>Nancy Youngblud</b>	14. NAME OF HUSBAND OR WIFE <b>Deceased</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, except unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Thelma Fox</b> ADDRESS <b>6820 Pennsylvania</b>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis</b>		<b>short</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertensive Contractile</b> DUE TO (c) <b>Heart Disease</b>		<b>15 minutes</b> <b>short</b> <b>2 yrs.</b>
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 type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **June 10-1956** to **May 21, 1956**, that I last saw the deceased alive on **May 21, 1956**, and that death occurred at **7:30 PM** from the causes and on the date stated above.

23a. SIGNATURE <b>[Signature]</b> (Degree or title) <b>MD</b>	23b. ADDRESS <b>3606 Madison Ave</b>	23c. DATE SIGNED <b>5/22/56</b>
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24a. DATE <b>5-24-1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Laurel Hill Cem</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis Co. MO.</b>
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DATE REC'D BY LOCAL REG. <b>5-23-56</b>	REGISTRAR'S SIGNATURE <b>[Signature]</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>WINGBERMUEHLE</b> ADDRESS <b>3819 So Grand Blvd.</b>
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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.....  
Signature of Student Embalmer

Signed.....  
*George Angbermann*

Licensed Embalmer No. *4611*

P. O. Address *Shen 189*

**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.**