

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43349

STATE FILE NUMBER

FILED DEC 27 1956

318

1003

Registrar's 11252

Registration District No. Primary Registration District No.

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 6319 Pernod Ave.			Length of stay in lb 62 yrs		d. STREET ADDRESS 6319 Pernod Avenue		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) HARRY				First J.		Last KNAPP, Jr.	
4. DATE OF DEATH Dec. 7, 1956		Month Dec.		Day 7		Year 1956	
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan. 2, 1894		9. AGE (In years last birthday) 62	IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman			10b. KIND OF BUSINESS OR INDUSTRY Drug Products		11. BIRTHPLACE (City and state or country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Dr. Harry J. Knapp, Sr.				14. MOTHER'S MAIDEN NAME Lisa Maack			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes. I W. W. I			16. SOCIAL SECURITY NO. 495-12-6609		17. INFORMANT Laura Knapp, 6319 Pernod Avenue		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic Cardio-vascular renal disease with decompensation Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) See Anemia DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)							INTERVAL BETWEEN ONSET AND DEATH over 1 year few months
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>							
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) None				
20c. TIME OF INJURY Hour None Month, Day, Year a. None p. m. None			20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) None				
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20f. CITY, TOWN, OR LOCATION St. Louis		20g. STATE Missouri		
21. I attended the deceased from 11-17-56 to 12-7-56 and last saw her alive on 12-7-56 . Death occurred at 9:50 A. m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE D. C. [Signature]				22b. ADDRESS 45235 Kingshighway		22c. DATE SIGNED 12/1/56	
23a. BURIAL, CREMATION, REMOVAL (Specify) removal		23b. DATE Dec. 10, 1956		23c. NAME OF CEMETERY OR CREMATORY St. Trinity Cemetery		23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri	
24. FUNERAL DIRECTOR BEIDERWIEDEN F. H. INC., 1936 St. Louis Ave				25. DATE RECD. BY LOCAL REG. DEC. 10 1956		26. REGISTRAR'S SIGNATURE [Signature]	

(Licensed Embalmer's Statement on Reverse Side)

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

000-56

Dr. O. C. Pfeiffer,

4523 So. Kingshighway

1-3 02111

PL. 35422

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 Melvin J. Krupar

Licensed Embalmer No. 3

P. O. Address St. La

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.