

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-023470  
STATE FILE NUMBER

FILED JUL 14 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6807

300  
1-57  
3

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) OR 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"/>
38 FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DOA Lutheran Hospital		Length of stay in lb 45 yrs 2/59	d. STREET ADDRESS (If outside, give location) 4646 Delor Street Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First FRED Middle W. Last KNAPPMEIER			4. DATE OF DEATH Month July Day 5, Year 1958			
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5. SEX male 0	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 Nov. 11, 1890	9. AGE (In years less birthday) 67	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired Postal clerk	10b. KIND OF BUSINESS OR INDUSTRY Civil service	11. BIRTHPLACE (City and state or country) Pond, Missouri 0	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Henry Knappmeier	13b. MOTHER'S MAIDEN NAME Laura Berthold	14. NAME OF HUSBAND OR WIFE Olivia Niehaus Knappmeier
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT Address Mrs. Olivia Knappmeier 4646 Delor Street
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>rheumatic heart disease</b> <b>MITRAL STENOSIS + INSUFFICIENCY</b> mitral stenosis & insufficiency Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) 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 5 7/8 YRS 410X
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20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from 4-25-56 to 7-5-58 and last saw her alive on 6/16/58  
Death occurred at 6:25 PM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Charles F. Smith</i> (Degree or title)	22b. ADDRESS 2838 S Grand Blvd	22c. DATE SIGNED 7/7/58
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23a. BURIAL, CREMATION, REMOVAL (Specify) removal	23b. DATE July 9, 1958	23c. NAME OF CEMETERY OR CREMATORY Our Redeemer Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis County Missouri
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24. FUNERAL DIRECTOR BEIDERWIEDEN F.H. INC., 1936 St. Louis Ave	ADDRESS	25. DATE RECD. BY LOCAL REG. JUL 8 '58	26. REGISTRAR'S SIGNATURE <i>Charles F. Smith MD</i>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc.: most use only standard nomenclature pertinent to: no symptoms with up to 1 hr. All diseases in Part I must be causally related.

Dr. Elmer Graul  
2838 So. Grand Ave.

2-4 6-7

**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 *Elmer Graul* .....

Licensed Embalmer No. *4520* .....

P. O. Address *St. Louis* .....

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.