

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-030640
STATE FILE NUMBER

FILED AUG 28 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8143

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| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis | | c. CITY OR TOWN St. Louis | |
| Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 5231 Oleatha Ave. | | d. STREET ADDRESS (If outside, give location) 5231 Oleatha Ave. | |
| Length of stay in lb | | Reside on Form Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First Middle Last EDWARD H. KNAPMEIER | | | 4. DATE OF DEATH Month Day Year Aug. 20, 1958 |
| 5. SEX Male <input checked="" type="radio"/> | 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 April 14, 1884 |
| 9. AGE (In years less birthday) 74 | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Grocer-Self Employed | 11. BIRTHPLACE (City and state or country) St. Louis, Mo. | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
| 13a. FATHER'S NAME Henry Knapmeier | 13b. MOTHER'S MAIDEN NAME Dorothy Seaver | 14. NAME OF HUSBAND OR WIFE Angela Knapmeier | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or not unknown) (If yes, give year or dates of service) No | 16. SOCIAL SECURITY NO. None | 17. INFORMANT Address Angela Knapmeier 5231 Oleatha Ave. | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Uremia</u> DUE TO (b) <u>Cardio Vascular Renal Disease</u> DUE TO (c) <u>Atherosclerosis</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Diabetes Mellitus - Carcinoma Lung - Cerebral Thrombosis</u> | | | INTERVAL BETWEEN ONSET AND DEATH <u>72 hrs</u> <u>10 yrs</u> <u>10 yrs</u> |
| 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.) | | |
| 20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. | 20d. INJURY OCCURRED WHILE AT <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 |
| 21. I attended the deceased from Death occurred at <u>8:30 am</u> <u>1930</u> , to <u>Aug 20 1958</u> and last saw her alive on <u>Aug 20 1958</u> on the date stated above; and to the best of my knowledge from the causes stated. | | | |
| 22a. SIGNATURE <u>D. B. Friedman M.D.</u> (Degree or title) | | 22b. ADDRESS <u>4126th Ashm Ave</u> | |
| 22c. DATE SIGNED <u>8/20/58</u> | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 23b. DATE <u>Aug. 23, 1958</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Bethany Cemetery</u> | 23d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Mo.</u> |
| 24. FUNERAL DIRECTOR ADDRESS <u>Kriegshauser 4228 S. Kingshighway</u> | | 25. DATE RECD. BY LOCAL REG. <u>AUG 21 1958</u> | 26. REGISTRAR'S SIGNATURE <u>J. Carl Smith, m.d.</u> S.P. |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 *William B. White*

Licensed Embalmer No. *4291*

P. O. Address *422 E. King Street*

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.