Health, Welfare Public Service

300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-031369
STATE FILE NUMBER

FILED SEP 12 1958

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 2186

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY OR TOWN Affton — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 8204 Gravois — Length of stay in Ib 7yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY St. Louis
c. CITY OR TOWN Affton 4820 8 — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 8204 Gravois — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: Mary Middle: Last: Knapstein

4. DATE OF DEATH Month: Aug Day: 20 Year: 1958

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ 2 DIVORCED ☐

8. DATE OF BIRTH: Sept 11, 1874

9. AGE (In years last birthday): 83 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home

10b. KIND OF BUSINESS OR INDUSTRY: Home wife

11. BIRTHPLACE (City and state or country): St. Louis, Mo.

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: Bernard Schnelker

13b. MOTHER'S MAIDEN NAME: Anna Lefarth

14. NAME OF HUSBAND OR WIFE: Frank (deceased)

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Marie Giegling Address: 8204 Gravois

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Myocarditis, chronic — INTERVAL BETWEEN ONSET AND DEATH: 2 years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerosis, generalized — unknown
DUE TO (c) 4221
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 June 5, 1957 to Aug 20, 1958 and last saw her alive on Aug 20, 1958
Death occurred at 9:30 A.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE M. R. Wilucki (Degree or title) MD

22b. ADDRESS 8916 Gravois

22c. DATE SIGNED 8-21-58

23a. BURIAL, CREMATION, REMOVAL (Specify): removal

23b. DATE: 8/23/1958

23c. NAME OF CEMETERY OR CREMATORY: SS Peter & Paul Cem.

23d. LOCATION (City, town, or county) (State): St. Louis, Mo.

24. FUNERAL DIRECTOR J L Ziegenhein & Sons ADDRESS 7027 Gravois

25. DATE RECD. BY LOCAL REG. 8-21-58

26. REGISTRAR'S SIGNATURE Herbert P. Domke M.D.

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 G. T. Kidwell

Licensed Embalmer No. 3877

P. O. Address 7027 Gravois

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.