URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59-034799

FILED VS SEP 28 1959

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 2544

STATE FILE NUMBER

MENDED

1. PLACE OF DEATH
a. COUNTY Saint Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Normandy — Length of stay in 1b 34 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Normandy Osteopathic — Inside Limits Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY ST LOUIS
c. CITY OR TOWN Creve Coeur — Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) 262 Graeser Rd. — Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First Anna Middle Junior Last Knapp

4. DATE OF DEATH Month Sept. Day 22, Year 1959

5. SEX Female
6. COLOR OR RACE White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH 6-21-1881
9. AGE (last birthday) 78 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY none
11. BIRTHPLACE (City and state or country) Switzerland Marin
12. CITIZEN OF WHAT COUNTRY U S A

13a. FATHER'S NAME Charles F. Junior
13b. MOTHER'S MAIDEN NAME Sophia Schefferly
14. NAME OF HUSBAND OR WIFE ——

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. 359-10-9467 d
17. INFORMANT Charles Knapp, Address Creve Coeur, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Cerebral Hemorrhage	10 minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	~~Arteriosclerotic~~ Hypertension	10 years
DUE TO (c)	Arteriosclerosis	Same

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
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 April 1959, to Sept. 22, 1959 and last saw her alive on Sept 22, 1959
Death occurred at Sept. 22, 1959 at 7:00 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Glenwood Fowler DO
22b. ADDRESS 5004 N Bedwy St Louis 7, Mo
22c. DATE SIGNED 9/23/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 9/24/1959
23c. NAME OF CEMETERY OR CREMATORY Mont Rose Cemetery
23d. LOCATION (City, town, or county) (State) Greenville, Illinois

24. FUNERAL DIRECTOR ADDRESS C.R. Lupton & Sons; 7233 Delmar Blvd.
25. DATE RECD. BY LOCAL REG. 9-24-59
26. REGISTRAR'S SIGNATURE John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Arnold W. Schoene

Signature of Student Embalmer

Licensed Embalmer No. 3864

P. O. Address St. Louis,

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