

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

61-011120  
STATE FILE NUMBER

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2359

DATE AMENDED

INSTEAD OF THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

BY AFFIDAVIT OF DOCUMENT MEDICAL CERTIFICATION

FILED MAR 23 1961

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>WASHINGTON</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST. LOUIS</u>		c. CITY OR TOWN <u>POTOSI</u>	
Length of stay in 1b		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>#18 S. KINGSHIGHWAY</u>		d. STREET ADDRESS (If outside, give location) <u>#18 S. KINGSHIGHWAY</u>	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <u>A. S. KNAPP, A/K/A ANDREW STEPHEN KNAPP, A/K/A ANDREW STEPHEN KNAPP, A/K/A ANDREW S. KNAPP</u>			4. DATE OF DEATH Month <u>March</u> Day <u>9</u> Year <u>1961</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>CAUCASTAN</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> <u>SEPARATED</u>	8. DATE OF BIRTH <u>3/17/1891</u>
9. AGE (last birthday) <u>69</u>		IF UNDER 1 YEAR Months <u>  </u> Days <u>  </u> Hours <u>  </u> Min. <u>  </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CHAIRMAN OF THE BOARD</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>KNAPP MONRACH CO</u>	11. BIRTHPLACE (City and state or country) <u>ST. LOUIS, MISSOURI</u>
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>STEPHEN KNAPP</u>	
13b. MOTHER'S MAIDEN NAME <u>JENNIE DURNER</u>		14. NAME OF HUSBAND OR WIFE <u>SEPARATED</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		17. INFORMANT <u>ROBERT S. KNAPP</u> Address <u>SEE #1</u>	
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>Ventricular Fibrillation</u>			INTERVAL BETWEEN ONSET AND DEATH <u>5 min</u> <u>7 wks</u>
Conditions, if any, which gave rise to, above cause (a), stating the underlying cause last. DUE TO (b) <u>Coronary thrombosis &amp; infarction</u>			
DUE TO (c) <u>Coronary atherosclerosis 420:1</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Congestive Heart Failure</u>			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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 <u>  </u> a.m. <u>  </u> p.m. <u>  </u> Month, Day, Year <u>  </u>		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	
21. I attended the deceased from <u>1-14-61</u> to <u>3-9-61</u> and last saw her/him alive on <u>3-8-61</u> Death occurred at <u>6:00 A.M.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree & title) <u>Kenneth Chase MD</u>		22b. ADDRESS <u>52 Maryland Plaza</u>	
22c. DATE SIGNED <u>3-10-1961</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	23b. DATE <u>3/11/1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>SUNSET BURIAL PARK</u>	23d. LOCATION (City, town, or county) (State) <u>ST. LOUIS COUNTY, MISSOURI</u>
24. FUNERAL DIRECTOR ADDRESS <u>HOFFMEISTER COLONIAL MORTUARY</u> <u>6464 CHIPPEWA STREET, ST. LOUIS, MISSOURI</u>		25. DATE RECD. BY LOCAL REG. <u>MAR. 10-1961</u>	
		26. REGISTRAR'S SIGNATURE <u>Loal Smith, M.D.</u>	

**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 Bill C. Dranson

Licensed Embalmer No. 4767

P. O. Address St Louis Mo

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.