

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-025878
STATE FILE NUMBER

AMENDED

FILED JUL 24 1961

Primary Registration District No. 5667

Registrar's No. 79

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

| | | | | | | | | |
|---|--|---|--|---|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY Lincoln | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Charles | | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Troy | | Length of stay in 1b 2 days | | c. CITY OR TOWN Wentzville | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Lincoln Co. Memorial Hosp. | | | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | d. STREET ADDRESS (If outside, give location) 26 Boles Ave. | | |
| 3. NAME OF DECEASED (Type or print) First Bertha Middle Mae Last Knopp | | | | 4. DATE OF DEATH Month July Day 22 Year 1961 | | | | |
| 5. SEX Female | | 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 7/24/1905 | | |
| 9. AGE (last birthday) 55 | | IF UNDER 1 YEAR Months 11 Days 28 | | IF UNDER 24 HR Hours Min. | | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home duties | | | 10b. KIND OF BUSINESS OR INDUSTRY House wife | | | 11. BIRTHPLACE (City and state or country) Pangburn, Ark. | | |
| 12. CITIZEN OF WHAT COUNTRY U.S.A. | | | 13a. FATHER'S NAME George McNew | | 13b. MOTHER'S MAIDEN NAME Vera Rosenberg | | 14. NAME OF HUSBAND OR WIFE George F. Knopp | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | | | 17. INFORMANT George F. Knopp Address 26 Boles Ave. Wentzville, Mo. | | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 1 stroke DUE TO (b) myocardia DUE TO (c) metastatic carcinoma of cervix Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | | | | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| 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 a.m. p.m. | | Month, Day, Year | | | | | | |
| 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 May 5, 1961 to July 22, 1961 and last saw her alive on July 21, 1961 Death occurred at 7:30 A m on (the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | | |
| 22a. SIGNATURE Heddim Banks, D.O. | | | | 22b. ADDRESS Ray, Mo. | | 22c. DATE SIGNED 7/27/61 | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE 7/24/1961 | | 23c. NAME OF CEMETERY OR CREMATORY Mt. Lebanon Cemetery | | 23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri | | |
| 24. FUNERAL DIRECTOR T.J. Pitman | | ADDRESS 909 Pitman Ave. Wentzville, Missouri | | 25. DATE RECD. BY LOCAL REG. 7-25-1961 | | 26. REGISTRAR'S SIGNATURE Charlotte Leek | | |

AUG 3 1961

NOV 22 1961

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 Howard O Kessler

Licensed Embalmer No. 4631

P. O. Address Wentzville

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.