

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH - 61-030868

DEPARTMENT OF PUBLIC HEALTH AND WELFARE Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7461 STATE FILE NUMBER

AMENDED

FILED AUG 18 1961

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

ITEM NO. SHOULD READ
BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis			c. CITY OR TOWN Richmond Heights		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Lukes Hospital			d. STREET ADDRESS 7469 Hoover		
3. NAME OF DECEASED (Type or print) First Middle Last J. FRED KNAUP			4. DATE OF DEATH Month Day Year August 10, 1961		
5. SEX male	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 Sept. 17, 1882 (78)	9. AGE (last birthday) Months Days Hours Min.	IF UNDER 1 YEAR IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Prod. Mgr., Midland Publ. Company		10b. KIND OF BUSINESS OR INDUSTRY Jefferson City Missouri	11. BIRTHPLACE (City and state or country) U.S.A.		12. CITIZEN OF WHAT COUNTRY
13a. FATHER'S NAME Fred Knaup		13b. MOTHER'S MAIDEN NAME Margaret Blockberger		14. NAME OF HUSBAND OR WIFE Amy E. Knaup	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none		16. SOCIAL SECURITY NO. yes	17. INFORMANT Address Mrs. Amy E. Knaup 7469 Hoover, Richmond Heights Mo. (17)		
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>Pulmonary Embolism</u> DUE TO (b) <u>Incarcerated left lung thrombosis</u> DUE TO (c) <u>561.0</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> <u>2 days</u>
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
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 <u>7-14-55</u> to <u>8-10-61</u> and last saw <u>him</u> alive on <u>8-10-61</u> Death occurred at <u>12.00 Noon</u> m on the date stated above, and to the best of my knowledge, from the cause stated.					
22a. SIGNATURE (Degree or title) <u>Her Mollen M.D.</u>			22b. ADDRESS <u>2438 Woodman Park Rd Overland</u>		22c. DATE SIGNED <u>Aug 11/61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE August 12, 1961	23c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery		23d. LOCATION (City, town, or county) St. Louis County Missouri.	
24. FUNERAL DIRECTOR C.R. Lupton and Sons 7233 Delmar Bly'd.		25. DATE RECD. BY LOCAL REG. AUG 11 1961	26. REGISTRAR'S SIGNATURE <u>Loal Smith, M.D.</u>		

DOCUMENT

MEDICAL CERTIFICATION

*John Frederick Knapp
City Line*

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 *Arnold W. Schoene*

Licensed Embalmer No. *3864*

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.