

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-004919

STATE FILE NUMBER

AMENDED

FILED JAN 19 1962

Primary Registration District No. 500 Registrar's No. 173

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| 1. PLACE OF DEATH a. COUNTY St. Louis | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Crestwood | | Length of stay in 1b 6 years | c. CITY OR TOWN Crestwood |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 8850 Glen Rose Drive | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 8850 Glen Rose Drive |
| | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |

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| 3. NAME OF DECEASED (Type or print) First LEO Middle F Last KNEPPER | | | 4. DATE OF DEATH Month January Day 11 Year 1962 | | |
| 5. SEX M | 6. COLOR OR RACE W | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 5-31-1891 | 9. AGE (last birthday) 70 | IF UNDER 1 YEAR Months Days Hours Min. |

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Order Clerk | 10b. KIND OF BUSINESS OR INDUSTRY Graham Paper Co. | 11. BIRTHPLACE (City and state or country) St. Louis, Missouri | 12. CITIZEN OF WHAT COUNTRY U. S. A. |
| 13a. FATHER'S NAME Adolph Knepper | | 13b. MOTHER'S MAIDEN NAME Mary Faber | 14. NAME OF HUSBAND OR WIFE Mrs. Hattie A. Knepper |

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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes Army WWI | 16. SOCIAL SECURITY NO. [Redacted] | 17. INFORMANT Mrs. Hattie A. Knepper, 8850 Glen Rose Dr. Crestwood 26, Mo. |
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| 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Artery disease | | INTERVAL BETWEEN ONSET AND DEATH 1h |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | |

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| 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 |
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| 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 _____ | | |

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|---|--|--|----------------------------|--------------------------|
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION St. Louis | COUNTY St. Louis | STATE Missouri |
|---|--|--|----------------------------|--------------------------|

21. I attended the deceased from **5/6/62** to **1/5/62** and last saw him alive on **1/5/62**
Death occurred at **6:30** m on the date stated above, and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE Paul Faushel (Degree or title) | 22b. ADDRESS 5203 Chippewa St. Mo. | 22c. DATE SIGNED 1-12-62 |
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|-----------------------------------|---|--|
| 23b. DATE Jan. 15, 1962 | 23c. NAME OF CEMETERY OR CREMATORY Resurrection | 23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri |
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| 24. FUNERAL DIRECTOR ADDRESS HOFFMEISTER COLONIAL MORTUARY 6464 Chippewa, St. Louis | 25. DATE RECD. BY LOCAL REG. 1-13-62 | 26. REGISTRAR'S SIGNATURE John B. Murphy M.D. |
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(Licensed Embalmer's Statement on Reverse Side)

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

MISSOURI DEPARTMENT OF HEALTH

State of Missouri

City of _____

County of _____

State of Missouri

On this _____ day 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 me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *Bill C. Branson*

Licensed Embalmer No. 4764

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.