MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-016964

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4446

FILED MAY 10 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1
2 8120 2 TI
3
4 1
5 2
6
7 1
8 2
9
10
11
12 60-0
13
60

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS: DATE AMENDED — INSTEAD OF — SHOULD READ — ITEM NO. — BY AFFIDAVIT OF — DOCUMENT

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Illinois b. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis — Length of stay in 1b 6 weeks

c. CITY OR TOWN Belleville — Inside Limits Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Faith Hospital — Inside Limits Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) 6901 West A Street — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Lillian Middle E. Last Knapp

4. DATE OF DEATH Month April Day 30, Year 1962

5. SEX female

6. COLOR OR RACE white

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH 3-4-1897

9. AGE (last birthday) 65 — 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) Retired Clerk

10b. KIND OF BUSINESS OR INDUSTRY Bright and Free Laundry

11. BIRTHPLACE (City and state or country) Kentucky

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME John Schroeder

13b. MOTHER'S MAIDEN NAME Mary Wright

14. NAME OF HUSBAND OR WIFE deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no

16. SOCIAL SECURITY NO.

17. INFORMANT Mr. Ward Knapp, Address 6901 West A Street., Belleville, Illinois

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Diabetic Coma — INTERVAL BETWEEN ONSET AND DEATH 48 hrs

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Diabetes Mellitus, Brittle

DUE TO (c) Arteriosclerosis, General

OK Helen L. Taylor Coroner 5-1-62

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Fracture Rt. Femur 260XF

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. 6 — Month, Day, Year 3-20-62

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.) Home

20f. CITY, TOWN, OR LOCATION St Louis — COUNTY — STATE Mo

21. I attended the deceased from 3/20/62, to 4/30/62 and last saw her him alive on 4-25-62

Death occurred at Faith Hosp. 6 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Nicholas S. Vitale, MO

22b. ADDRESS 7150 Natural Bridge Rd

22c. DATE SIGNED 4/30/62

23a. BURIAL, CREMATION, REMOVAL (Specify) removal

23b. DATE 5-3-62

23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery

23d. LOCATION (City, town, or county) (State) Normandy, Missouri

24. FUNERAL DIRECTOR Math Hermann & Son, Inc. — ADDRESS 2161 E. Fair Ave. St. Louis, Mo.

25. DATE RECD. BY LOCAL REG. MAY 1 1962

26. REGISTRAR'S SIGNATURE Carl Smith, M.D.

MEDICAL CERTIFICATION

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 Wilford G Beasley

Licensed Embalmer No. 4202

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.