No. 2
—1/47
5-17-39

#79050

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

40028

State File No.

FILED NOV 22 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 10335

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 1708 Allen Avenue 9
23 (If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME KATHERINE NORDEN
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased May 9-1883 (Month) (Day) (Year)

8. AGE: Years 64 Months 5 Days 29 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation Housework
11. Industry or business
FATHER
12. Name Edward Kneapp
13. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name Katherine Maser
15. Birthplace St. Louis (City, town, or county) Missouri 0 (State or foreign country)
16. (a) Informant Robert Cutty
(b) Address 1708 Allen Avenue
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-10-1947 (Month) (Day) (Year)
(c) Place: burial or cremation St. Matthew
18. (a) Signature of funeral director Mordell
(b) Address 1926 Allen Avenue
19. (a) NOV 10 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 8th
year 1947 hour 3:25 minute A M.
21. I hereby certify that I attended the deceased from 10/30/47
, 19 , to Nov. 8th 19 47
that I last saw her alive on Nov. 8th 19 47
and that death occurred on the date and hour stated above.

Immediate cause of death Respiratory failure
Due to arteriosclerotic heart disease
Due to Bilateral pleural effusion
Other conditions Heart block
(Include pregnancy within 3 months of death)
- Left BUNDLE BRANCH

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause of which death should be charged statistically.

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22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury
23. Signature Pascal F. Morton, M.D. (M. D. or other)
Address 1515 Lafayette Date signed

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Me Registered Apprentice No. , working under my personal supervision.

Signed Benj. C. Duncan

Licensed Embalmer No. 2272

P. O. Address 1926 Allen Avenue

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 this body is not embalmed, fact should be so stated above.