

FILED JUL 2 - 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **20801**  
Registrar's No. **5636**

BIRTH NO. **39228-54** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <b>Mo.</b> b. COUNTY		
b. CITY OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <b>St. Louis</b>		d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. John's Hospital</b>			e. STREET ADDRESS (If rural, give location) <b>15 4825 Potomac St. 21590</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>CATHERINE</b> b. (Middle) <b>ANN</b> c. (Last) <b>KNOFF</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>June 22 1954</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>June 4, 1954</b>	9. AGE (In years last birthday) <b>0</b>	# UNDER 1 YEAR <b>0</b>
# UNDER 1 YEAR <b>18</b>	# UNDER 1 HRS. <b>0</b>	# UNDER 1 MIN. <b>0</b>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Mo.</b>		12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME <b>William I. Knopf</b>		13b. MOTHER'S MAIDEN NAME <b>Dorothy Clark</b>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>William I. Knopf 4825 Potomac St.</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Congenital Heart Disease.</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last... DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Hemorrhagic Brachiocephalic Arteries</b>				INTERVAL BETWEEN ONSET AND DEATH <b>Since Birth</b>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>754.4</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>June 6, 1954</b> , to <b>June 22, 1954</b> , that I last saw the deceased alive on <b>June 22, 1954</b> , and that death occurred at <b>11:45P</b> m., from the causes and on the date stated above.					
23a. SIGNATURE <b>PJ Manion MD</b>		23b. ADDRESS <b>3917 Brunson</b>		23c. DATE SIGNED <b>June 23-54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>Jun. 24, 1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Sunset Burial Park</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis Co. Mo.</b>		
DATE REC'D BY LOCAL REG. <b>JUN 23 1954</b>	REGISTRAR'S SIGNATURE <b>J. Carl Smith MD</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Kriegshauser 4228 S. Kingshighway Bl.</b>		

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

*mdb* (Licensed Embalmer's Statement on Reverse Side)

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**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 *Richard W. Storison*.....

Licensed Embalmer No.....

P. O. Address.....

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.