V. S. No. 2
DM—9-4-41
5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8487

FILED APR 9 1943 818

Registration District No. ..... Primary Registration District No. 1003

Registrar's No. 3041

1. PLACE OF DEATH:

(a) County .....

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
3645 Bates
(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: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis 9 15
(If outside city or town limits, write "RURAL")

(d) Street No. 3645 Bates
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Carrie J. Knopf

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female

5. Color or race white

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife George

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased Feb. (Month) 6 (Day) 1865 (Year)

8. AGE:

Years	Months	Days	If less than one day
78	1	23	..... hr. ..... min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation Nil.

11. Industry or business .....

FATHER
12. Name Louis Ost
13. Birthplace Germany (City, town, or county) Germany (State or foreign country) 4

MOTHER
14. Maiden name Barbara Pfirmann
15. Birthplace ..... (City, town, or county) Germany (State or foreign country) 4

16. (a) Informant Irma Knopf
(b) Address 3645 Bates

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-1-43 (Month) (Day) (Year)
(c) Place: burial or cremation New St. Marcus

18. (a) Signature of funeral director Schumacher Und Co
(b) Address 3013 Meramec St.

19. (a) MAR 30 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 29th.
year 1943 hour 5 minute 10 P. M.

21. I hereby certify that I attended the deceased from Jan 14-41, 19..., to Mar 29, 1943
that I last saw her alive on Mar 29, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to Arteriosclerosis

Due to Hypertension

Other conditions .....
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....

Of autopsy .....

Duration

PHYSICIAN

Underline the cause to 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 0

23. Signature C. E. Moeller (M. D. or other)

Address 3537 S Jefferson Date signed Mar 30/43

(Licensed Embalmer's Statement on Reverse Side)

3537 S. Hoffman
1-3

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 Clarence J. Rochow, Registered Apprentice No. ....., working under my personal supervision.

Signed Clarence Rochow

Licensed Embalmer No. 3093

P. O. Address 3013 Meramec St.

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.