

No. 2  
12-45  
17-39  
X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED NOV 7 1946 587 318**  
Registration District No. \_\_\_\_\_

THE STATE BOARD OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**  
Primary Registration District No. **1003**

35304  
State File No. \_\_\_\_\_  
Registrar's No. **9042**

**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: **St. Louis City Hospital-Max C. Starkloff Memorial**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **7 weeks** (Specify whether  
In this community **Lifetime** (Specify whether  
years, months or days)

**3. (a) PRINT FULL NAME** **JOSEPH KNOP**  
**3. (b) If veteran, name war** **None** **3. (c) Social Security No.** \_\_\_\_\_

**4. Sex** **Male** **5. Color or race** **White** **6. (a) Single, widowed, married, divorced** **Married**  
**6. (b) Name of husband or wife** **Emilie Knop** **6. (c) Age of husband or wife if alive** **63** years  
**7. Birth date of deceased** **Feb. 7, 1881**  
(Month) (Day) (Year)

**8. AGE:** Years Months Days If less than one day  
**65** **8** **15** hr. min.

**9. Birthplace** **St. Louis Missouri**  
(City, town, or county) (State or foreign country)

**10. Usual occupation** **Cabinet Maker**

**11. Industry or business** **Unemployed**

**12. Name** **John Knop**  
**13. Birthplace** **Unknown Unknown**  
(City, town, or county) (State or foreign country)

**14. Maiden name** **Mary Stenger**  
**15. Birthplace** **O'Fallon Missouri**  
(City, town, or county) (State or foreign country)

**16. (a) Informant** **Mrs. Emilie Knop**  
**(b) Address** **3924 N. 19. Street**

**17. (a) Burial** **(b) Date thereof** **10/25/46**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
**(c) Place: burial or cremation** **Friedens Cemetery**

**18. (a) Signature of funeral director** **Suedmeyer & Son's**  
**(b) Address** **3934 N. 20 Street**

**19. (a) OCT 22 1946** **(b) J. F. Brudee**  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State **Missouri** (b) County **000**  
(c) City or town **St. Louis** (If outside city or town limits, write "RURAL") **26 17**  
(d) Street No. **3911 Blair Avenue** (If rural, give location) **9 0**  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country **No**

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month **Oct.** day **22nd**  
year **1946** hour **5:55** minute **A** M.  
**21. I hereby certify that I attended the deceased from** **9/3/46**  
19\_\_\_\_, to **Oct. 22nd**, 19 **46**  
that I last saw him alive on **Oct. 22nd**, 19 **46**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Fluential Muscular atrophy** Duration \_\_\_\_\_

Due to **arteriosclerotic Heart disease**

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_  
Of autopsy **None** **PHYSICIAN** \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

**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** **A. Thomas** (M. D. or other) \_\_\_\_\_  
Address **1515 Lafayette 10/22/46**

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

MOTHER FATHER

**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 A. A. Smithers  
Licensed Embalmer No. 3916  
P. O. Address 3934 N. 20 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.**