

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

14521

**1. PLACE OF DEATH**

County..... Registration District No. 791  
Township..... Primary Registration District No. 1003  
City St. Louis (No. ....) (Ward) .....

File No. ....  
Registered No. 3859  
..... St. .... Ward)

**2. FULL NAME** Christ Knopf

(a) Residence. No. 1504 Agnes St. St. 26 Ward. ....  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 14th 1889

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
<u>41</u>			<u>6</u>	

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work. Musician  
(b) General nature of industry, business, or establishment in which employed (or employer) Musician  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Austria  
(STATE OR COUNTRY)

10. NAME OF FATHER Martin Knopf

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Austria  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Mary Baer

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Austria  
(STATE OR COUNTRY)

14. INFORMANT Anna Knopf  
(Address) 1504 Agnes St.

15. FILED APR 18 1930 Max C. Knopf REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4/17 1930

17. I HEREBY CERTIFY, That I attended deceased from 4/6, 1930, to 4/17, 1930 that I last saw him alive on 4/17, 1930, and that death occurred, on the date stated above, at 2:15 P. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Tuberculous Meningitis  
24 hr  
(duration) yrs. mos. 10 ds.  
CONTRIBUTORY (SECONDARY) 320  
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH. ....

0 DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS Tuberc bac. found  
(Signed) Leo Baer, M. D.  
, 19 (Address) Century Bldg

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Calvary Cemetery DATE OF BURIAL April 21st 1930

20. UNDERTAKER Edward Koch ADDRESS 3516 No. 14th

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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