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.

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

Do not use this space.

32828

File No.

Registered No. 9694

1. PLACE OF DEATH

County

Township

City St. Louis (No. 4733 Nebraska Ave St. Ward)

Registration District No. 791

Primary Registration District No. 1003

2. FULL NAME Joseph Knaus

(a) Residence, No. 4733 Nebraska Ave St., 15 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: Anna M Knaus

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 7 1858

7. AGE: Years 73 | Months — | Days 6 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Excavating Contractor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Highland Ill

FATHER

13. NAME: Frank Knaus

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Anna Knaus 4733 Nebraska

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt Hope Mausoleum DATE 9-16 1931

19. UNDERTAKER (ADDRESS): Wm Schumacher 3013 Nevada

20. FILED SEP 15 1931 Ray C Tarlton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept. 13 1931

22. I HEREBY CERTIFY, That I attended deceased from 8-15, 1931, to 6-12, 1931

I last saw him alive on 6-12, 1931. Death is said to have occurred on the date stated above, at 1:50 P.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Cardiac Nephritis.

Date of onset

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify

(Signed) C. F. Diehl M. D.

(Address) 843 Nut Theater Bldg St Louis Mo

Mrs Theatre [illegible]
10 AM to 2 P.M.