

REC'D APR 1 1938

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

8856

Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1003** Registered No. **2445**
(c) City **St. Louis** (d) Street No. **City Hospital No. 1** St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

C. 17940

2. PRINT FULL NAME

Charles Knopp 510
(a) Residence, No. **34031 North 11th 26** (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **male** 4. COLOR OR RACE **white** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **widowed**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Widower of Nellie Knopp**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Jan 23, 1883**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
55 **1** **16** ~~28~~

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **shoe worker**
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) **August 1932** 11. Total time (years) spent in this occupation **15**

12. BIRTHPLACE (CITY OR TOWN) **St. Louis**
(STATE OR COUNTRY) **St. Louis, Missouri**

FATHER 13. NAME **John Knopp**
14. BIRTHPLACE (CITY OR TOWN) **St. Louis**
(STATE OR COUNTRY) **Missouri**

MOTHER 15. MAIDEN NAME **Mary Stenger**
16. BIRTHPLACE (CITY OR TOWN) **St. Louis**
(STATE OR COUNTRY) **Missouri**

17. INFORMANT **Hosp. Inform. Kent**
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary Cem.** DATE **March 14, 1938**

19. FUNERAL DIRECTOR **Suedmeyer & Sons**
(ADDRESS) **3934 N. 20th St.**

20. FILED **MAR 12 1938** **J. P. Suedmeyer**
(Signature)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **3/11/38**, 19

22. I HEREBY CERTIFY, That I attended deceased from **3/8/38**, 19, to **3/11/38**, 19.

I last saw him on **3/11/38**, 19. Death is said

to have occurred on the date stated above, at **4.25 a**
The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis
Date of onset

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? 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?

If so, specify **Pedward P. Vetter**, M. D.
(Signed)

(Address) **City Hospital No. 1**

STATEMENT BY LICENSED EMBALMER

I, Geo P Schubert Licensed Embalmer No. 2212

hereby certify that the body recorded on the reverse side of this certificate was embalmed by My Self
..... L. E.

No. or by Registered Apprentice No.
working under my personal supervision.

Signed Geo P Schubert

Licensed Embalmer No. 2212

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.)