S. No. 2
-11-10-39
5-17-39
P I X21492

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. 23800

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 6245

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:
Drowned at Marquette Pool -4025 Minn. Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 4239 Louisiana Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Marvin Knaus 520

3. (b) If veteran, name war ----

3. (c) Social Security No. 492-05-5778

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife ----

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

7. Birth date of deceased July (Month) 30 (Day) 1914 (Year)

8. AGE: Years 25 Months 11 Days 25 If less than one day hr. min.

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

10. Usual occupation Tar Roofer

11. Industry or business Jos. Eckrich Roofing Co.

FATHER
12. Name Grover C. Knaus
13. Birthplace Fayette (City, town, or county) Missouri (State or foreign country) O

MOTHER
14. Maiden name Unknown Eckrich
15. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country) O

16. (a) Informant X Grover C. Knaus
(b) Address 5482 Loughborough

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/27/40 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Wacker-Helderle
(b) Address 2331 S. Broadway

19. (a) JUL 25 1940 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24
year 1940 hour 4 minute 40 P M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Brain Tumor (Benign) Asphyxiation from Drowning

Due to Marquette Swimming Pool.

Due to

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.

183
36

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence July 24 1940
(c) Where did injury occur? St Louis Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place
(Specify type of place)
While at work? no (e) Means of injury Drowning

23. Signature Jos M Quinn (M. D. or other)
Address Deputy Coroner Date signed 7/25/40

(Licensed Embalmer's Statement on Reverse Side)

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Frank J. Wyland

Licensed Embalmer No. 2645

P. O. Address St Louis Mo

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, above space should be left blank.