DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MAR 14 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 6708

Registration District No. 213 Primary Registration District No. 3014 Registrar's No. 42

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

1. PLACE OF DEATH
(a) County: Cole
(b) City or town: Jefferson City (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Alcoa Prison Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community ____

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Cole 24
(c) City or town: Jefferson City 5 (If outside city or town limits, write "RURAL")
(d) Street No.: Alcoa Int. Reformatory 4 (If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years. 0

3. (a) PRINT FULL NAME: Chester Merton Knauer
3. (b) If veteran, name war: ____
3. (c) Social Security No.: ____
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: March (Month) 5 (Day) 1913 (Year)

8. AGE: Years	Months	Days	If less than one day
27	11	2	____ hr. ____ min.

9. Birthplace: Quincy (City, town, or county) Ill. (State or foreign country)
10. Usual occupation: Pipe Fitter
11. Industry or business: ____
12. Name of Father: L. C. Knauer
13. Birthplace of Father: Germany (City, town, or county) (State or foreign country)
14. Maiden name of Mother: Rengstorff
15. Birthplace of Mother: Germany (City, town, or county) (State or foreign country)
16. (a) Informant: Alcoa Reformatory
(b) Address: Jefferson City Mo.
17. (a) Burial: ____ (Burial, cremation, or removal) (b) Date thereof: Feb. 8 1941 (Month) (Day) (Year)
(c) Place: burial or cremation: St. Louis, Mo.
18. (a) Signature of funeral director: Tarson Service
(b) Address: 700 Jefferson
19. (a) 2-8-41 (Date received by local registrar) (b) Dobeefoel M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 7th year 1941 hour 10 minute 50 P.M.
21. I hereby certify that I attended the deceased from Jan 10 1941 to Feb 7th 1941 that I last saw him alive on Feb 7th 1941 and that death occurred on the date and hour stated above.

Immediate cause of death: Cardiac Failure — Duration: 6 Years
Due to: Chronic Endocarditis (Rheumatic) Years
Due to: Myocarditis
Other conditions (Include pregnancy within 3 months of death): Nil
Major findings: Of operations: ____ Of autopsy: ____

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: John W. McFarlane (M. D. or other) (1) MD
Address: Jefferson City Mo. Date signed: 2/8/41

(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 L. H. Anderson

Licensed Embalmer No. 3641

P. O. Address Jefferson City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.