

FILED JUN 30 1948 318

Registration District No. _____ Primary Registration District No. _____

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:
3307a (rear) N. 11th St. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____

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

(d) Street No. 3307a (rear) N. 11th St.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Aurelia Knopf

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Late Nicholas Knopf 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: Dec. 19th 1861
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 17th
year 1943 hour 10:30 minute _____ A.M. M.

21. I hereby certify that I attended the deceased from May 31 1943 to June 17 1943
that I last saw him/her on June 17 1943
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

81	5	29	hr. _____ min.
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Immediate cause of death: Septicemia
Acute nephritis
Abcess left buttocks

Due to _____

Due to _____

Other conditions (Include pregnancy within months of death):
Fracture left thigh March 28-43

Major findings:
Of operations _____
Of autopsy _____

Duration: 10 days
5 days
1 month

PHYSICIAN: _____
Underline the cause to which death should be charged statistically.

9. Birthplace Hermann Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Jacob Philip Kuhna

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Barbara Scheffner

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Stanley M. Knopf

(b) Address 5073 Mardel Ave.

17. (a) Cremation (b) Date thereof 6-19-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Kriegshauser Mortuary

(b) Address 4228 So. Kingshighway Blvd.

19. (a) MIN 10 (b) J. F. Bredsch
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence Mar 23 - 1943

(c) Where did injury occur? Mt Carmel Ill. 136
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Residence

While at work? Yes (Specify type of place) (e) Means of injury fall

23. Signature J. C. Creame (M. D. or other)
Address 12504 N. 14th St. W. Date signed 6-18-43

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

2500 N 14th St

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 Edwin A. McQuinn

Licensed Embalmer No. 3024

P. O. Address.....

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, fact should be so stated above.