

S. No. 2
FORM-2-43
Rev. 5-17-39
X35097

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 3 1945
Registration District No. **818**

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
Primary Registration District No. **L 1003**

22164
State File No. _____
Registrar's No. **6581**

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

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:
Frisco Hospital
(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 Missouri (b) County Cole **26**
(c) City or town Jefferson City **5**
(If outside city or town limits, write "RURAL")
(d) Street No. 109 Jackson St. **4 NR.**
(If rural, give location)
(e) Citizen of foreign country? _____
!(Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Frieda Knaup
(b) If veteran, name war Nil
(c) Social Security No. Unknown
4. Sex Female 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 October 4 1879
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 26
year 1945 hour 8 minute 00 P. M.
21. I hereby certify that I attended the deceased from 7-23 1945 to 7-26 1945
that I last saw him alive on 7-26-45 and that death occurred on the date and hour stated above.
Immediate cause of death _____

8. AGE: Years Months Days If less than one day
65 9 22 hr. _____ min. _____
9. Birthplace Jefferson City Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Unemployed

Duration _____
Due to Post-operative
Due to _____
Other conditions Hypertension
(Include pregnancy within 3 months of death)
Major findings: Of operations Mixed tumor of Soft Palate & Pharynx
Of autopsy non-malignant none done

MOTHER FATHER
11. Industry or business _____
12. Name Frederick Knaup
13. Birthplace Unknown Germany **4**
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown Germany **4**
(City, town, or county) (State or foreign country)
16. (a) Informant Mrs. J. Fred Knaup
(b) Address 7469 Hoover Ave.
17. (a) Burial (b) Date thereof 7-29-45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Jefferson City, Mo.
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.
19. (a) JUL 27 1945 (b) J. F. Bredek
(Date received local registrar) (Registrar's signature)

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?
While at work _____ (Specify type of place) (e) Means of injury _____
23. Signature _____ (M. D. _____)
Address 37th Washington Date signed 7/26/45

01 15467

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 *John Agonovski*
Licensed Embalmer No. *3398*

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.