

5. No. 2
- 8-43
5-17-39
I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33383**
Registrar's No. **327**

FILED OCT 24 1945

Registration District No. **53**

Primary Registration District No. **3010**

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

1. PLACE OF DEATH:

(a) County Cape Girardeau
 (b) City or town Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: St. Francis Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 6 weeks
(Specify whether)
 In this community 64 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Cape Girardeau
 (c) City or town Cape Girardeau
(If outside city or town limits, write "RURAL")
 (d) Street No. 118 So Pacific
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME WILLIAM KNAUP
 (b) If veteran, name war -
 (c) Social Security No. _____

20. DATE OF DEATH: Month October day 13th
 year 1945 hour 6 minute 25 P.M.

4. Sex MALE 5. Color or race WHITE
 6. (a) Single, widowed, married, divorced WIDOWED
 (b) Name of husband or wife _____ (c) Age of husband or wife if alive 28 years
 7. Birth date of deceased JUNE - 28 - 1866
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from
Sept. 3, 1945 to Oct. 13, 1945
 that I last saw him alive on Oct. 13, 1945
 and that death occurred on the date and hour stated above.

8. AGE: Years 79 Months 3 Days 12
 If less than one day _____ hr. _____ min.

19. (a) MEDICAL CERTIFICATION
 Chronic Hypertensive Myocarditis
 Due to _____
 Duration 3 yrs.

9. Birthplace Biershagen Westphalia
(City, town, or county) (State or foreign country)
 10. Usual occupation Retired cooper

Due to _____
 Other conditions Pt. Lobar Pneumonia
(Include pregnancy within 3 months of death)
 Duration 1 mo.

11. Industry or business
 12. Name John Knaup
 13. Birthplace Germany
(City, town, or county) (State or foreign country)
 14. Maiden name Margaret Willeke
 15. Birthplace Germany
(City, town, or county) (State or foreign country)

PHYSICIAN
 Major findings:
 Of operations _____
 Of autopsy gpd
 Underline the cause to which death should be charged statistically.

16. (a) Informant John Knaup
 (b) Address Cape Girardeau Mo
 17. (a) Burial (b) Date thereof Oct. 16-1945
(Burial, cremation, or removal) (Month) (Day) (Year)

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? _____

18. (a) Signature of funeral director St. Marys Cem
Walthers Blvd. Mo
 (b) Address Cape Girardeau Mo
 19. (a) 10-15-45 (b) J. N. Phelps
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
 (c) Means of injury _____
 23. Signature William J. Oehler (M. D. or other) _____
 Address Cape Girardeau Mo Date signed 10-15-45

RECEIVED

District Health Officer No. 4
District File Number 1045-1231
Date Filed 10-23-45

MAR 27 1946

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

Vergil H. Welch

Licensed Embalmer No. 4102

P. O. Address Cape Girardeau, 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, fact should be so stated above.