

FILED SEP 3 1946 STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 383

Primary Registration District No.

56555647

Registrar's No. 114

1. PLACE OF DEATH:

(a) County Lawrence

(b) City or town Freistatt Mo.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Freistatt mo. 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 yrs, 3 months, 7 days  
(Specify whether years, months or days)

8. (a) PRINT FULL NAME LUDWIG C. KNAUST

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced 2

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive 8 years (Day) (Year) 1884

7. Birth date of deceased June (Month) 8 (Day) 1884 (Year)

8. AGE: Years 62 Months 0 Days 29 If less than one day hr. min.

9. Birthplace Hopkinsville Ky 1  
(City, town, or county) (State or foreign country)

10. Usual occupation Janitor

11. Industry or business

12. Name Wilhelm Knaust

13. Birthplace Germany 4  
(City, town, or county) (State or foreign country)

14. Maiden name Anna Reith

15. Birthplace Germany 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs John Davis

(b) Address Freistatt, Mo.

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof July-11-46  
(Month) (Day) (Year)

(c) Place: burial or cremation Hawarden Ia

18. (a) Signature of funeral director H. O. Forsett

(b) Address Wilhelm Mo

19. (a) 7-22-46 (Date received local registrar)

(b) DR Phillips (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence 55

(c) City or town Freistatt  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 7  
year 1946 hour 7 minute — P.M.

21. I hereby certify that I attended the deceased from June 25 1946 to June 25 1946  
that I last saw him alive on June 25 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 94

Of autopsy none performed

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)

(c) Means of injury \_\_\_\_\_

23. Signature Fred T. Harrold (M. D. or other) M.D.

Address W. Howell, Mo. Date signed 7-8-46

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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

26470

RECEIVED

District Health Officer No. 6,

District File Number 846-867

Date Filed AUG 2 - 1948

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**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.....

By me....., Registered Apprentice No.....  
working under my personal supervision.

Signed Max L. Fossett.....

Licensed Embalmer No. 4252.....

P. O. Address Millersville, Pa......

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.