. S. No. 2
OM—1/47
ev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 7 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22407

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6111

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

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City 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 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 3422a Grace Ave., 9
16 (If rural, give location) 0
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME FRANK L. KNAUS
3. (b) If veteran, name war None
3. (c) Social Security No.

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Divorced 2
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased August 19, 1880
(Month) (Day) (Year)

8. AGE: Years 66 Months 10 Days 6 If less than one day hr. min.

9. Birthplace Alton, Illinois 1
(City, town, or county) (State or foreign country)
10. Usual occupation Warehouse Foreman
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown 1
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Frank J. Knaus 1
(b) Address 1084 S. Kingshighway
17. (a) Burial (b) Date thereof 6-27-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Southern Funeral Home
(b) Address 6322 S. Grand Blvd.,
19. (a) JUN 26 1947 (b) J. F. Bredeck
(Date received for registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 25th
year 1947 hour 1:10 minute A M.
21. I hereby certify that I attended the deceased from 6/11/47
2, 19, to June 25th 1947
that I last saw him alive on June 25th 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Pyelonephritis	6 months
Due to Non-calculous	
Due to	
Other conditions (Include pregnancy within 3 months of death) 133	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause of 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 (1)
23. Signature Robert Shilbert (M. D. or other)
Address 1515 Lafayette Date signed 6/25/47

Jefferson City Printing Co. (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 J. Wm Buckley

Licensed Embalmer No. 3653

P. O. Address St Louis 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.