No. 2
-1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 22 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 39848

Registrar's No. 10150

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: Missouri Pacific
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 month (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Ill (b) County
(c) City or town Steeleville, Ill
(If outside city or town limits, write "RURAL")
(d) Street No. RR 1 (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Henry Knop
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife FLORENCE
6. (c) Age of husband or wife if alive 46 years
7. Birth date of deceased 1 (Month) 29 (Day) 1892 (Year)

8. AGE: Years 55 Months 9 Days 3 If less than one day hr. min.

9. Birthplace Perry Ill (City, town, or county) (State or foreign country)
10. Usual occupation milk truck Driver
11. Industry or business

MOTHER FATHER
12. Name John Knop
13. Birthplace Germany (City, town, or county) (State or foreign country)
14. Maiden name Dora Unknown
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Florence Knop
(b) Address Steelville, Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation ST Marks Cem. Steelville
18. (a) Signature of funeral director Schaefer Funeral Home
(b) Address Steelville, Mo.
19. (a) NOV 3 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 2nd year 1947 hour 1 minute 25 P.M.

21. I hereby certify that I attended the deceased from 1 19..., to 19...; that I last saw him alive on 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Brain injury 2 Skull fracture 1 When the truck he was driving was struck by a Gulf Oil truck and the truck driven by Robert Westover, Engineer and Harry T. Jenny Fireman at the Brookhaven Yards Steele Ill. Wounded 11:30 A.M. Oct. 1st 1947

Duration

Due to

Other conditions (Include pregnancy within 3 months of death)

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) Accident
(b) Date of occurrence Oct 1 1947
(c) Where did injury occur? Steeleville (City or town) Randolph (County) Ill (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? R.R. Crossing (Specify type of place)
While at work? (e) Means of injury Collision

23. Signature Patrick E. Taylor (M. D. or other)
Address Deputy Coroner Date signed 11-3-47

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 Ronald O Yahnke

Licensed Embalmer No. 3917

P. O. Address St Louis

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.