No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 34504

FILED NOV 12 1948

Registration District No. 318

Primary Registration District No. 1005

Registrar's No. 9394

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: Infirmary Hospital
(If not in hospital or institution, write street, number or location)
(d) Length of stay: In hospital or institution 5/31/45 To 10/25/48 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County 000
(c) City or town St Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 5800 Arsenal 9
(If rural, give location)
(e) Citizen of foreign country? 13 (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME CHARLES KNOTH
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race W
6. (a) Single, widowed, married, divorced 3 9
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Feb (Month) 5 (Day) 1873 (Year)
8. AGE: Years 75 Months 8 Days 20 If less than one day hr. min.
9. Birthplace (City, town, or county) Eng (State or foreign country) 4
10. Usual occupation
11. Industry or business
FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country) 9
MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country) 9
16. (a) Informant City Infirmary Record
(b) Address 5800 Arsenal
17. (a) Anatomical Board (Burial, cremation, or removal) (b) Date thereof OCT 31 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Anatomical Board
18. (a) Signature of funeral director Rowland Mortuary Service
(b) Address 4104 Manchester Ave.
19. (a) OCT 31 1948 (Date received local registrar) (b) J. B. Lasater (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 25
year 1948 hour 6 minute 20 P.M.

21. I hereby certify that I attended the deceased from July 7, 1948, 19 to Oct. 25, 1948
that I last saw him alive on Oct. 25, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Due to Hypertension
Cerebral Arteriosclerosis
Due to
Other conditions Terminal Broncho pneumonia
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy None - Anat. Board

Duration

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 0

23. Signature Cletus L Krag, MD (M. D. or other)
Address 5600 Arsenal St, St Louis Date signed Oct 26, 1948

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.....

Licensed Embalmer No.....

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.