

FILED OCT 26 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 34809

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 184

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD—92

1. PLACE OF DEATH a. COUNTY St. Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY St. Charles	
b. CITY (If outside corporate limits, write RURAL and give township) St. Charles		c. LENGTH OF STAY (in this place) 7 days	
c. CITY (If outside corporate limits, write RURAL and give township) St. Charles		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph			

3. NAME OF DECEASED (Type or Print)	a. (First) John	b. (Middle) F.	c. (Last) Knaust	4. DATE OF DEATH (Month) (Day) (Year)	10	6	1949
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Jan. 18 1864	9. AGE (In years last birthday) 85	IF UNDER 1 YEAR Months	IF UNDER 1 HR. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired farmer	10b. KIND OF BUSINESS OR INDUSTRY General	11. BIRTHPLACE (State or foreign country) St. Peters Mo. Rural	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Frederick Knaust	13b. MOTHER'S MAIDEN NAME Gutermuth	14. NAME OF HUSBAND OR WIFE Catherine Knaust Dec'd
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. -----	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Felix Knaust O'Fallon Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 4 days 10 yrs 25 yrs 2 yrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>uremia</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>chr. hypertension</u> DUE TO (c) <u>genl arteriosclerosis</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>chr. myocarditis</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 4221
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Jan., 1947, to 10-6, 1949, that I last saw the deceased alive on 10-6, 1949, and that death occurred at 2:20 p.m., from the causes and on the date stated above.

23a. SIGNATURE Lawrence J. Behan MD (Degree or title)	23b. ADDRESS O'Fallon Mo	23c. DATE SIGNED 10-7-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct. 10 '49	24c. NAME OF CEMETERY OR CREMATORY Assumption	24d. LOCATION (City, town, or county) (State) O'Fallon Mo.
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DATE REC'D BY LOCAL REG 10-16-49	REGISTRAR'S SIGNATURE Lawrence J. Behan	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 'O'Fallon Mo.
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District File Number \_\_\_\_\_  
District Health Officer No. 9,  
RECEIVED  
OCT 22 1949

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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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

*Earl Kelly*

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 822

P. O. Address OFallon 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.