N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SEP 26 1933

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

27643

1. PLACE OF DEATH

County St. Louis — Registration District No. 1170 — File No.

Township Central — Primary Registration District No. 6248-H — Registered No. 154

City Richmond Heights (No. St. Marys Hospital 6420 Clayton Road Ward)

2. FULL NAME Paul Knight

(a) Residence, No. 677 Marshall Ave., St., Ward. Webster Groves, Mo.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred - yrs. - mos. 3 ds. How long in U. S., if of foreign birth? 43 yrs. - mos. - ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX -- Male

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF husband of Widowed Pauline Koester

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 12, 1864

7. AGE — YEARS 68 — MONTHS 7 — DAYS 24 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wholesale Sea Food Dealers

10. Date deceased last worked at this occupation (month and year) July 1933

11. Total time (years) spent in this occupation 10 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bombay, India

FATHER

13. NAME Alexander Kent Knight

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bombay, India

MOTHER

15. MAIDEN NAME Mary-- Not known (see note, other side)

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bombay, India

17. INFORMANT (ADDRESS) Ralph A. Knight 677 Marshall, Webster Groves, Mo.

18. BURIAL, ~~XXXXXXXXXXXXXXXXX~~ PLACE Calvary Cemetery DATE Aug. 8, 1933 St. Louis, Missouri

19. UNDERTAKER (ADDRESS) Allen W. McLaughlin 2301 Lafayette, St. Louis, Mo.

20. FILED 8/7 1933 Gertrude Porter Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 6 1933

22. I HEREBY CERTIFY, That I attended deceased from July 31, 1933, to Aug 6, 1933

I last saw him alive on Aug 5 1933. Death is said to have occurred on the date stated above, at 3:00 A.m.

The principal cause of death and related causes of importance were as follows:

Cardio-Vascular-Renal Disease — Date of onset ?

131 131

82A

Other contributory causes of importance: Cerebral hemorrhage 5 days

Name of operation ..... Date of .....

What test confirmed diagnosis Phy. Diagnosis Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State).

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. Vollmer, M. D.

(Address) 735 Marshall, Webster Groves

(Note) His father was a Capatain of the British Navy or Army at Bombay, India who married a native woman of whos name they do not know