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.

WHITE PAPER, WITH GREEN TINT, IS A PERMANENT RECORD

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

NOV 22 1934

Do not use this space.

38136

File No.

Registered No. 115

1. PLACE OF DEATH
County St. Louis — Registration District No. 1160
Township — Primary Registration District No. 4470
City University City (No. 7551, Lynn Ave. St. Ward)

2. FULL NAME Charles Frederick Knight
(a) Residence, No. 7551 Lynn Ave. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Meta A. Knight (Groffe)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 20, 1888

7. AGE: Years 46 — Months 6 — Days 26 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year) —
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cty Iff

FATHER
13. NAME Robert W. Knight
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Litchfield Ill

MOTHER
15. MAIDEN NAME Mary K. Wallroth
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clay Ill

17. INFORMANT (ADDRESS) Mrs. Meta A. Knight (7551 Lynn Ave. University Mo.)

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bram Parks DATE Oct 19 1934

19. UNDERTAKER (ADDRESS) Math. Hermann and Son (4161 East Fair Av.)

20. FILED Oct. 19 1934 Lena D. Moeller Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 16, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 15, 1933 – Oct 16, 1934.
I last saw him alive on Oct 16, 1934. Death is said to have occurred on the date stated above, at 2:30 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
1) ~~Acute Cardiac Dilitation~~	
2) Coronary Sclerosis	?
9203	
Other contributory causes of importance:	
9203 Acute Cardiac Dilitation	Oct 16 1934

Name of operation — Date of
What test confirmed diagnosis? Clin. & Autopsy Were an autopsy? Yes

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? No
If so, specify
(Signed) Leo J. Moeller M. D.
(Address) 8105 Page Blvd