

MAY 7, 1936

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

Do not use this space.

791

17591

1. PLACE OF DEATH

County

Registration District No.

Township

Primary Registration District No.

City St. Louis Childrens Hospital

File No.

Registered No.

St. Ward)

2. FULL NAME Norma Knight(a) Residence, No. 2711 No. 9th St., 26 Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 5 mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

F

4. COLOR OR RACE

W

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

Child

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

Child

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

11-11-35

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

5

10

OCCUPATION

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

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

Child

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

St. Louis, Mo.

FATHER

13. NAME

James Knight

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Mo.

MOTHER

15. MAIDEN NAME

Agnes Reves

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Ark

17. INFORMANT (ADDRESS)

J. M. C. Sever
501 S. Kingshighway

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Johns 93 DATE April 22, 1936

19. UNDERTAKER (ADDRESS)

Hess Reidner & Co
1417 N. Market St.

20. FILER

J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-21-36, 1922. I HEREBY CERTIFY, That I attended deceased from 4-8-36, 19, to 4-21-36, 19.I last saw her alive on 4-21-36, 19. Death is said to have occurred on the date stated above, at 5:42 a.m.

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

Lobar pneumonia
Otitis Media

Date of onset

4-8-36

4-10-36

Other contributory causes of importance:

Name of operation

Date of

What test confirmed 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 R. J. Blatter(Signed) R. J. Blatter M. D.(Address) 500 S. Kingshighway

APR 22 1936

