MAR 5 - 1937

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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 8048

Township ..... Primary Registration District No. 1003 Registered No. 1474

City St. Louis, Mo. (No. City Hospital No. 2 St. ..... Ward)

2. FULL NAME Dr. William Knight

(a) Residence, No. 2709 Franklin St., 21 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 40 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: Col.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 24, 1891

7. AGE: YEARS 45 | MONTHS 9 | DAYS 23 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shop

10. Date deceased last worked at this occupation (month and year) Jan. 1937

11. Total time (years) spent in this occupation Unk.

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

FATHER

13. NAME Albert Knight

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

MOTHER

15. MAIDEN NAME Mary Jane Wafford

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

17. INFORMANT (ADDRESS) Ruby Perdeau 2945 Lawton Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Washington Park DATE Feb. 3, 1937

19. UNDERTAKER (ADDRESS) Charles J. Gates 4107 Finney Avenue

20. FILED FEB 2 - 1937 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 27, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 19, 1937, to Jan. 27, 1937

I last saw him alive on Jan. 27, 1937 Death is said to have occurred on the date stated above, at 6:00 p. m.

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

SEPTICEMIA following Boil on foot — Date of onset 1-19-37

Other contributory causes of importance: ------

151

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

What test confirmed diagnosis? ---- Was there 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? .....

If so, specify .....

(Signed) Owen Blacher, M. D.

(Address) 2945 Lawton Ave.

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 PLAINER WITH UNFADING INK—THIS IS A PERMANENT RECORD

655