

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

MAR 5 - 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS 791
CERTIFICATE OF DEATH

Do not use this space.

1003

8620

1. PLACE OF DEATH
 County Registration District No.
 Township Primary Registration District No.
 City (No. *Missouri Baptist Hospital* / St. Ward)

2. FULL NAME *Audrey Janet Knight*
 (a) Residence, No. *4717 Marguerita St.* Ward. *7*
 (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 *Female*
 4. COLOR OR RACE *W*
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Wife*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Jan. 7 - 1937*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1 12

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 *1*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St. Louis 31*

MOTHER FATHER
 13. NAME *Unknown 2*
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *unknown*
 15. MAIDEN NAME *Helen Knight*
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Indiana*

17. INFORMANT *Helen Knight*
 (ADDRESS) *4717 Marguerita*

18. BURIAL, CREMATION, OR REMOVAL
 PLACE *Bethaniam* DATE *Feb 19 1937*

19. UNDERTAKER *Drehman H. Goyal*
 (ADDRESS) *1905 Union Blvd.*
 DIED *Feb. 19 1937* *J. T. Bredeck*
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *2-18-1937*

22. I HEREBY CERTIFY, That I attended deceased from *2-18*, 1937, to *2-18*, 1937.
 I last saw her alive on *2-18*, 1937. Death is said to have occurred on the date stated above, at *10:00 P.M.*
 The principal cause of death and related causes of importance were as follows:
Accident (about 12 hours)
Enterocolitis (36 hours)
 Date of onset

Other contributory causes of importance:
prematurity *1198* *from birth*

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) *J. T. Bredeck* M. D.
 (Address) *St. Louis 2390*

