

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

Do not use this space.

JUL 8 - 1937

21904

1. PLACE OF DEATH

County.....
Township.....
City St. Louis, (No. St. John's Hospital St. Ward)

Registration District No. **1003**

Primary Registration District No.

File No.
Registered No. **5656**
St. Ward)

2. FULL NAME

(a) Residence, No. King'sway Hotel, 12 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 Winifred W. Knott.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JUNE 15 1883

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
53 11. 20.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. CARTOONIST.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (HYDE PARK BREWERY)
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) St. Louis, Mo.

FATHER 13. NAME John Knott.

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo

MOTHER 15. MAIDEN NAME BERTHA WILMES

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, MO.

17. INFORMANT Mrs Jean Knott.
(ADDRESS) 650 Mc Knight Rd.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellefontaine Cem. DATE 6-9-37

19. UNDERTAKER C. R. Lupton & Sons.
(ADDRESS) # 4449 Olive St.

20. FILED JUN 8 1937 J. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 5th, 1937

22. I HEREBY CERTIFY, That I attended deceased from 5/24, 1937 to 6/5, 1937
I last saw him alive on 6/6, 1937. Death is said to have occurred on the date stated above, at 11:05 p.m.

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

Cirrhosis of liver

Date of onset

Other contributory causes of importance 1/2

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....., 1937

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) J. D. Stutzler, M. D.

(Address) 2767th Park 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.

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276 7^a Park. Gr² 8567.

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