No. 2
4-13-40
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

6 2 7

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

36434 a

State File No.

Registration District No. 784 Primary Registration District No. 117 Registrar's No. 1905

1. PLACE OF DEATH:

(a) County St Louis

(b) City or town WEBSTER GROVES (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 230 E. JACKSON (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 (Specify whether In this community 5 YEARS. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST. LOUIS

(c) City or town WEBSTER GROVES (If outside city or town limits, write "RURAL")

(d) Street No. 230 EAST JACKSON (If rural, give location)

(e) If foreign born, how long in U. S. A.? — years.

3. (a) PRINT FULL NAME THRRESA KNOTT.

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOW

6. (b) Name of husband or wife FRED KNOTT 6. (c) Age of husband or wife if alive — years

7. Birth date of deceased MARCH 19 1855 (Month) (Day) (Year)

8. AGE: Years 85 Months 6 Days 17 If less than one day — hr. — min.

9. Birthplace HAMBURG (City, town, or county) GERMANY (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business —

FATHER 12. Name ANTONE KNELL

13. Birthplace — (City, town, or county) GERMANY (State or foreign country)

MOTHER 14. Maiden name UNKNOWN

15. Birthplace — (City, town, or county) GERMANY (State or foreign country)

16. (a) Informant Rudolph Knott

(b) Address 4251 W Wyoming.

17. (a) Burial (Buried, cremation, or removal) (b) Date thereof Oct 9-1940 (Month) (Day) (Year)

(c) Place: burial or cremation SS Peter & Paul

18. (a) Signature of funeral director Parker Und Co

(b) Address Webster Groves mo.

19. (a) OCT - 8 1940 (Date received local registrar) (b) T. R. Meyer, M.D. Dep. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 6 year 1940 hour 12 minute 30 P. M.

21. I hereby certify that I attended the deceased from January, 1940 to Oct 6, 1940 that I last saw her alive on Oct 6, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocardial degeneration	months
Due to Arteriosclerosis	years.
Due to Senility	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations —
Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature Edward C. Knottsup (M. D. or other)

Address 204 E. Big Bend Webster Groves Date signed Oct 7 '40

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed L. L. Caldwell

Licensed Embalmer No. 1332

P. O. Address Chesterton Grove

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.