

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **10604**

1. PLACE OF DEATH:

(a) County **2**
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution **1337 N. Euclid Ave.**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County _____
(c) City or town **St. Louis** **6**
(If outside city or town limits, write "RURAL")
(d) Street No. **1337 N. Euclid Ave.**
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME **Anna Knott**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **William Knott** 6. (c) Age of husband or wife if alive **77** years
7. Birth date of deceased **Aug. 3 1866**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 4 20 hr. min.

9. Birthplace **Germany** **6**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife** **4**

11. Industry or business _____

MOTHER FATHER { 12. Name **Unknown** **9**
13. Birthplace **Unknown**
(City, town, or county) (State or foreign country)
14. Maiden name **Unknown**
15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **William Knott**
(b) Address **1337 N. Euclid Ave.**

17. (a) **Burial** (b) Date thereof **12-26-40**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Valhalla Cem.**

18. (a) Signature of funeral director **Drehmann-Harral**
(b) Address **24905 Union Blvd.**
DEC 24 1940

19. (a) _____ (b) **J. H. Bredeck**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **23**
year **1940** hour **10** minute **40** A.M.

21. I hereby certify that I attended the deceased from **December 22, 1940** to **Dec. 23, 1940**; that I last saw her alive on **Dec. 22, 1940**; and that death occurred on the date and hour stated above.

Immediate cause of death **Myocarditis** **8 days**
Duration
Due to **Hypertension** **2 Years**
Due to **Chronic Nephritis** **2 Years**

Other conditions **None**
(Include pregnancy within 3 months of death)

Major findings: **None**
Of operations **None**
Of autopsy **None**
PHYSICIAN **[Signature]**
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? _____

While at work? _____ (Specify type of place) _____
(e) Means of injury **1**

23. Signature **[Signature]** (M.D. or other) _____
Address **453 N. Taylor** Date signed **12-23-40**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

453 N. Buckle
13 - 6 P.M.

2000

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.....

Warren A. Carver

Licensed Embalmer No.....

2534

P. O. Address.....

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

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