

FILED APR 13 1942

Registration District No. 7971

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(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 6 MO  
(c) City or town ST. LOUIS  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1337 N. EUCLID AVE  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME WILLIAM KNOTT

3. (b) If veteran, name war NONE 3. (c) Social Security No. NONE

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED  
6. (b) Name of husband or wife ANNA 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased NOV-3-1863  
(Month) (Day) (Year)

8. AGE: Years 78 Months 4 Days 22 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation RETIRED BOILER MAKER

11. Industry or business.

12. Name JOHN KNOTT  
13. Birthplace UNKNOWN  
(City, town, or county) (State or foreign country)  
14. Maiden name EMMA ROSS  
15. Birthplace UNKNOWN  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Plehaditis  
(b) Address 1337 N. Euclid ave.

17. (a) BURIAL (b) Date thereof 3-27-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation VALHALLA

18. (a) Signature of funeral director Hullen + Helly

(b) Address 1416 N. Taylor ave

19. (a) MAR 26 1942 (b) J. F. Bredock  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 25  
year 1942 hour 3 minute 45 A.M.

21. I hereby certify that I attended the deceased from March 22nd  
1942, to March 25, 1942  
that I last saw h.i.m. alive on March 24, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 3 day

Due to Hypertension

Due to \_\_\_\_\_  
Other conditions renal  
(include pregnancy within 3 months of death)

Major findings: Of operations renal  
Of autopsy renal

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature E. O. Lewis (M. D. or other) \_\_\_\_\_  
Address 4487 Washington Date signed 3/25/42

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.....

*Clement M. May*

Licensed Embalmer No. *3732*

P. O. Address *St. Louis*

**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.**