

FILED APR 17 1942

Registration District No. **791**

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 in route to home Phillips Hosp
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community 20 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis

(c) City or town St Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 2132 Division Street
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3: (a) PRINT FULL NAME Alfred M. Knight

3. (b) If veteran, name war _____

3. (c) Social Security No. 492-16-9508

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 28
year 1942 hour 8:20 minute 4 M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____
that I last saw him _____ alive on _____ 19____
and that death occurred on the date and hour stated above.

4. Sex Male

5. Color or race Col

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Willie Mae

6. (c) Age of husband or wife if alive 28 years

7. Birth date of deceased July 22 1912
(Month) (Day) (Year)

Immediate cause of death Generalized Peritonitis
Ruptured Duodenum Ulcer

Due to _____

8. AGE: Years 29 Months 10 Days 6
If less than one day hr. min.

9. Birthplace Rolliver County Miss
(City, town, or county) (State or foreign country)

10. Usual occupation Bus Boy

Due to _____

Other conditions 117
(Include pregnancy within 3 months of death)

MOTHER FATHER {

11. Industry or business _____

12. Name Alfred M. Knight Sr

13. Birthplace Amid County Miss
(City, town, or county) (State or foreign country)

14. Maiden name Tracee Harris

15. Birthplace Amid County Miss
(City, town, or county) (State or foreign country)

16. (a) Informant Willie Mae McKnight

(b) Address 3045 Dickson St

17. (a) Burial (b) Date thereof April 2 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director J. H. Rendle

(b) Address 3133 Bell Ave

19. (a) APR 1 1942 (b) J. F. Bledock
(Date received local registrar) (Registrar's signature)

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? _____

While at work? _____ (Specify type of place) _____
(c) Means of injury ?

23. Signature Thomas Collins (M.D. or other) _____
Address Deputy Coroner Date signed 3/31/42

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.....

M. J. Watson

Licensed Embalmer No. *2498*

P. O. Address *2769 Chouteau*

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.