S. No. 2
M—9-4-41
v. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16338

FILED JUN 10 1942 791

Registration District No. ..... Primary Registration District No. 1003 Registrar's No. 4592

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: DE PAUL Hospital O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 14 DAYS (Specify whether
In this community 14 DAYS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST LOUIS

(c) City or town PINE LAWN
(If outside city or town limits, write "RURAL")

(d) Street No. 6461 MYRON AVE
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME BABY KNOX

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex MALE O

5. Color or race WHITE

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

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

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

7. Birth date of deceased MAY (Month) 13 (Day) 1942 (Year)

8. AGE:	Years	Months	Days	If less than one day
	0	0	14	..... hr. ..... min.

9. Birthplace ST LOUIS (City, town, or county) O MISSOURI (State or foreign country)

10. Usual occupation NIL

11. Industry or business .....

FATHER
12. Name JAMES KNOX
13. Birthplace ST. LOUIS (City, town, or county) MISSOURI (State or foreign country)

MOTHER
14. Maiden name HELEN BROKER
15. Birthplace ST LOUIS (City, town, or county) MISSOURI (State or foreign country)

16. (a) Informant James Knox
(b) Address 6461 MYRON

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 5-27-42 (Month) (Day) (Year)
(c) Place: burial or cremation MEMORIAL PARK

18. (a) Signature of funeral director Cullen & Kelly
(b) Address 1416 N. TAYLOR AVE

19. (a) ..... (Date received by local registrar) (b) J. F. Bredeck (Registrar's signature)

MAY 27 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH Month 5 day 27
year 42 hour 5 minute A M.

21. I hereby certify that I attended the deceased from 5-13-1942, to 5-27-1942
that I last saw him alive on 5-26-42, 19....
and that death occurred on the date and hour stated above.

Immediate cause of death Congenital Myocarditis

Due to .....

Due to .....

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

Major findings:
Of operations .....

Of autopsy .....

Duration

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 G. A. Lansche (M. D. or other) M.D.

Address 4885 Natural Bridge Date signed 5/27/42

MAY 27 1942 844 (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 No Embalm, Registered Apprentice No. _____, working under my personal supervision.

Signed James A. Lammers

Licensed Embalmer No. 4142

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.