

FILED DEC 1 1942

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **9655**

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:
4503 Lewis place /
(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 **Missouri** (b) County **17**
(c) City or town **St. Louis** **9 12**
(If outside city or town limits, write "RURAL")
(d) Street No. **4503 Lewis place**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... **0**

3. (a) PRINT

FULL NAME **Annie Catherine Knight**

3. (b) If veteran,
name war.....

3. (c) Social Security
No. **None**

4. Sex **Female** / race **White** / divorced **Married**
5. Color or
6. (a) Single, widowed, married,
6. (b) Name of husband or wife **Cyrus W. Knight** 6. (c) Age of husband or wife if
alive **71** years
7. Birth date of deceased **March 7th 1873**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 **9** **12** hr. min.

9. Birthplace **Carthage, Mo.** **0**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business.....

MOTHER FATHER } 12. Name **Orville Frost**
13. Birthplace **Quincy, Ill.** /
(City, town, or county) (State or foreign country)
14. Maiden name **Catherine A. Worman** /
15. Birthplace **Unknown, Ill.** /
(City, town, or county) (State or foreign country)

16. (a) Informant **Orville D. Knight**
(b) Address **Carthage, Ill.**

17. (a) **Burial** (b) Date thereof **11-19-42**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Carthage, Ill.**

18. (a) Signature of funeral director **Albert H. Hoppe Inc.**
(b) Address **4700 Washington Blvd.**

19. (a) **NOV 19 1942** (b) **J. F. Buedeck**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **19th**
year **1942** hour **12 noon** minute..... M.

21. I hereby certify that I attended the deceased from **Oct. 11th 1942 to**
Nov 19 1942, 19..... to..... 19.....
that I last saw her alive on **NOV 19 1942**, 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death **Uremic Poisoning** Duration **48 hrs**

Due to **Bright's Disease, Chronic**

Due to **13/2**

Other conditions.....
(Include pregnancy within 3 months of death) **151**

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)
(e) Means of injury.....

23. Signature **Dr. Louis Feldman** (M.D. or other) **D.C.**
Address **4468 Delmar** Date signed **Nov 19 42**

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

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.....

Robert G. H. H. H.

Licensed Embalmer No..... *2971*

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.