

FILED MAY 29 1943

Registration District No. 217

Primary Registration District No. 6076

Registrar's No. 1218

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Ballwin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Pine Crest Homes
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 year 6 months
(Specify whether years, months or days) 1 year 6 months

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Ballwin
(If outside city or town limits, write "RURAL")
(d) Street No. Box 12
(If rural, give location)
(e) Citizen of foreign country? UNKNOWN (Yes or No)
If yes, name country UNKNOWN

3. (a) PRINT FULL NAME Jefferson B. Knaggs

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced UNKNOWN

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

7. Birth date of deceased JUNE 5 1861
(Month) (Day) (Year)

8. AGE: Years 81 Months 11 Days 15 If less than one day hr. min.

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

10. Usual occupation MINOR

11. Industry or business UNKNOWN

12. Name George Knaggs

13. Birthplace UNKNOWN MO
(City, town, or county) (State or foreign country)

14. Maiden name ANN Waldrup

15. Birthplace UNKNOWN
(City, town, or county) (State or foreign country)

16. (a) Informant H. W. Knaggs

(b) Address 739 Wash-St. Louis

17. (a) removal removal (b) Date thereof J-24-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Stanton Ill

18. (a) Signature of funeral director Union Fun. Assn
(b) Address Ballwin Ill.

19. (a) MAY 25 1943 (b) C. J. McQuinn
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 21
year 1943 hour 5 minute 55 P.M.

21. I hereby certify that I attended the deceased from March 1, 1943, to May 21, 1943;
and that I last saw him alive on May 20, 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death carcinoma of stomach and intestine

Due to _____
Due to _____

Other conditions none
(Include pregnancy within 3 months of death)

Major findings:
Of operations 46
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? _____

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

23. Signature B. R. Loring (M. D. or other) MD
Address Ballwin Date signed J-21-43

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

MOTHER FATHER

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.....

Licensed Embalmer No.....

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.