

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JUN 7 1943

Registration District No. 317

Primary Registration District No. 2063

Registrar's No. 1318

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Clayton, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
6301 Clayton Road
(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 _____

(c) City or town Clayton, Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. 6301 Clayton Rd.
(If rural, give location)

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

3. (a) PRINT FULL NAME Luella May McKnight

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

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

6. (b) Name of husband or wife William P. McKnight 6. (c) Age of husband or wife if alive Unkn years

7. Birth date of deceased May 14, 1878
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>65</u>	<u>0</u>	<u>18</u>	_____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name Wilson Sweet

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

14. Maiden name Harriett Shoop

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

16. (a) Informant William P. McKnight

(b) Address 6301 Clayton Road

17. (a) Removal (b) Date thereof 6/3/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Toledo, Ohio

18. (a) Signature of funeral director Edith E. Ambruster

(b) Address 4234 Manchester

19. (a) 6-3-43 (b) C. P. McLaughlin
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 2
year 1943 hour 8/00 A.M. minute _____ M.

21. I hereby certify that I attended the deceased from March 23
1943 to June 1, 1943
that I last saw her alive on June 1 1943, and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to _____

Due to _____

Other conditions Chronic Nephritis
(Include pregnancy within 3 months of death) Hypertension

Major findings:
Of operations _____

Of autopsy 1216

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)

(c) Means of injury _____

23. Signature Chas. E. Houser
(M.D. or other)

Address 3157 1/2 Pacific Date signed 6/3/43

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

9623

767

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.....

Shorez Eynck

Licensed Embalmer No.....

1284

P. O. Address.....

St. Louis Mo.

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.

JUN 30 1988