

FILED SEP 26 1944

Registration District No. 317

Primary Registration District No. 2002

Registrar's No. 1931

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
7443 Amherst
(If not in hospital or institution, write street number or location) /

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 60 years (Month) (Day) (Year)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

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

(d) Street No. 7443 Amherst
(If rural, give location)

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

3. (a) PRINT FULL NAME James Oscar Knudson

3. (b) If veteran, name war _____ 3. (c) Social Security No. none

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Carrie L. 6. (c) Age of husband or wife if alive 84 years

7. Birth date of deceased Feb 14 1856
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 16th year 1944 hour 5 minute 30 P. M.

21. I hereby certify that I attended the deceased from 1943 to Sept 16, 1944
that I last saw him alive on Sept 16, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Uremia Duration 10 days

8. AGE: Years 88 Months 7 Days 2 If less than one day hr. _____ min. _____

9. Birthplace Houston Minn.
(City, town, or county) (State or foreign country)

Due to Chronic prostatic enlargement Retention

Due to _____

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

10. Usual occupation Retired Shipping Clerk

11. Industry or business _____

MOTHER FATHER { 12. Name Ole Knudson

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

14. Maiden name Anna (Unknown)

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

16. (a) Informant Ralph O. Knudson

(b) Address 7443 Amherst, U. City, Mo.

17. (a) Cremation (b) Date thereof 9-18-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: ##### Cremation Oak Grove

18. (a) Signature of funeral director Alexander & Sons

(b) Address 6175 Delmar, Blvd.

19. (a) SEP 19 1944 (b) C. S. M. Garrison MD
(Date received local registrar) (Registrar's signature)

Major findings: Of operations 1-37a

Of autopsy _____

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 A. T. Thompson M. D. or other M.D.
Address: 4439 San Francisco Date signed 9/17/44

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

96
3
5

Dr. N. P. Thompson
4439 San Francisco
EV 4112
12 to 1.

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

Thomas P. Fenwick

Licensed Embalmer No.

3793

P. O. Address

Shores Me

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.