

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12563**

FILED NOV 15 1944

Registration District No. **318**

Primary Registration District No. **100**

Registrar's No. **9524**

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

1. PLACE OF DEATH: **St Louis**
 (a) County **St Louis**
 (b) City or town **St Louis Mo.**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **2815 a Dickson St**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **3 Yrs** (Specify whether
 in this community years, months or days)

3. (a) PRINT FULL NAME **ZULA MCKNIGHT**
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

4. Sex **Female** 5. Color or race **Col,**
 6. (a) Single, widowed, married, divorced **Widow**
 6. (b) Name of husband or wife _____
 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: **Dec 14 1872**
 (Month) (Day) (Year)

| | | | | |
|---------|-----------|-----------|-----------|----------------------|
| 8. AGE: | Years | Months | Days | If less than one day |
| | 71 | 10 | 22 | hr. min. |

9. Birthplace: **Trenton Tenn.**
 (City, town, or county) (State or foreign country)

10. Usual occupation **Domestic**

11. Industry or business _____

12. Name **Joe Laster**

13. Birthplace **Trenton Tenn.**
 (City, town, or county) (State or foreign country)

14. Maiden name **Carrie**

15. Birthplace **Trenton Tenn.**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Ira Willis**

(b) Address **2815 a Dickson St.**

17. (a) **Burial** (b) Date thereof **11-10-44**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Father Dickson Cemetery Ellis Fun, Home**

18. (a) Signature of funeral director _____
 (b) Address **3820 Stoddard St**

19. (a) **NOV 10 1944** (Date received local registrar)
J. F. Bredeek (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri.** (b) County **St Louis**
 (c) City or town **St Louis** (If outside city or town limits, write "RURAL")
 (d) Street No. **2815 a Dickson St.** (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **11** day **5** year **1944** hour _____ minute **8 P.** M.

21. I hereby certify that I attended the deceased from **3** to **Nov 5, 1944**
 that I last saw her alive on **Nov 5, 1944** and that death occurred on the date and hour stated above.

Immediate cause of death **Cancer - Rectum**
 Duration **6 months**

Due to _____

Due to _____

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

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? _____

(Specify type of place) _____

While at work? _____ (e) Means of injury _____

23. Signature **J. F. Bredeek** (M. D. or other)
 Address **2625A Franklin Ave** Date signed **11-8-44**

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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, _____
_____, Registered Apprentice No. _____
working under my personal supervision.

Signed Fulton E. Culkin
Licensed Embalmer No. 4198-
P. O. Address Athens 13-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.