

BUREAU OF THE CENSUS
FILED OCT 24 1944

Registration District No. 317

Primary Registration District No. 3069

Registrar's No. 2057

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Mary's Hospital
(If not in hospital or institution, write street number or location) 0
(d) Length of stay: In hospital or institution 4 days (Specify whether
In this community 4 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Randolph 977
(c) City or town Chester 11
(If outside city or town limits, write "RURAL")
(d) Street No. Kaskaskia St.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Anna Knowles

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife William E. Knowles 6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased Dec. 18 1894
(Month) (Day) (Year)

8. AGE: Years 49 Months 9 Days 21 If less than one day hr. min.

9. Birthplace Belleville, Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Own Home

MOTHER FATHER

12. Name Melchior Zink 12
13. Birthplace unknown Germany
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant William E. Knowles
(b) Address Chester, Ill.

17. (a) (b) Date thereof 10-14-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chester, Ill.

18. (a) Signature of funeral director Wm. C. Blawie

(b) Address Chester, Ill.

19. (a) OCT 10 1944 (b) G. J. Mathavan
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 9 1944 year. hour 3:30 minute 00 M.

21. I hereby certify that I attended the deceased from 10/6, 1944 to 10/9, 1944 that I last saw h. & v. alive on 10/9, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary embolus
Pulmonary embolus
Myocardial degeneration

Due to 942

Other conditions: gangrene foot
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy Pulmonary embolism

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 John P. Perry (M. D. or other) _____
Address 7307 Walnut Blvd Date signed 10/9/44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

FEB 8 1946

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.....

Oran L. Shorder

....., Registered Apprentice No.....

working under my personal supervision.

Signed

Oran L. Shorder

Licensed Embalmer No. 1751

P. O. Address *Shorder Ill*

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,