

FILED JUL 11 1945

Registration District No. 377

Primary Registration District No. 3070

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

1. PLACE OF DEATH:

(a) County St. Louis,

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

(c) Name of hospital or institution:
323 Tuxedo Blvd.,
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community 50 years.

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. 323 Tuxedo Blvd.,
(If rural, give location)

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

3. (a) PRINT FULL NAME Sarah J. Knight,

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Harry P. Knight, alive _____ years

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 9, 1858.
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>87</u>	<u>1</u>	<u>24</u>	_____ hr. _____ min.

9. Birthplace South Yarmouth, Mass.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife,

11. Industry or business _____

12. Name Frederick A. Sherman,

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

14. Maiden name Sarah E. Weldon,

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

16. (a) Informant Mrs. Jane M. K. Beach,

(b) Address 323 Tuxedo Blvd.,

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 7/5/45
(Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery,

18. (a) Signature of funeral director Wagoner Mortuary,

(b) Address 4161 Lindell Blvd.

19. (a) 7-5-45 (Date received local registrar) (b) E. H. McHenry (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 3rd
year 1945 hour 2:00 A.M. minute _____ M.

21. I hereby certify that I attended the deceased from Jan
1944 to July 3rd 1945.

that I last saw her alive on July 2 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Duration

Due to _____ 109

Due to _____

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

Major findings:
(1) 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? _____

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

23. Signature Irving W. Blanchard (M. D. or other)
Address 213 E. Lakewood Ave. Date signed 7-3-45

Blouillard
213 ~~Bay~~ Lockwood.

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 *Neville B. Prohwitter*

Licensed Embalmer No. *3696*

P. O. Address *416 Lindell Blvd*

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.