

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10772**
Registrar's No. **622**

Registration District No. **317** Primary Registration District No. **6076**

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Kochi Mo.
(c) Name of hospital or institution Robert Koch Hospital
(d) Length of stay: In hospital or institution 22 days
In this community 15 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(d) Street No. 43853a Kennerly Ave.
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME W. Revie Curtis Knight
3. (b) If veteran, name war Nil
3. (c) Social Security No. Unknown

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 13
year 1946 hour 7 minute 25 P.M.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife Mabel Knight
6. (c) Age of husband or wife if alive 42 years
7. Birth date of deceased March 27 1886

21. I hereby certify that I attended the deceased from 2-19 1946, to 3-13 1946;
that I last saw him alive on 3-13 1946;
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>59</u>	<u>11</u>	<u>16</u>	hr. min.

Immediate cause of death Chronic Pulmonary Tuberculosis
Due to 13 1/2 years
Duration 2

9. Birthplace Franklin County Illinois
10. Usual occupation Electrical Lineman

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

11. Industry or business
12. Name John B. Knight
13. Birthplace Unknown Unknown
14. Maiden name Folly Ann Garney
15. Birthplace Unknown North Carolina
16. (a) Informant Madison C. Knight
(b) Address 4048a Kennerly Ave.
17. (a) Removal (b) Date thereof 3-14-46
(c) Place: burial or cremation Royalton, Illinois
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.
19. (a) 3-15-46 (b) E. M. Garman

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? (Specify type of place) (g) Means of injury
23. Signature Bernard Friedman (M. D. or other)
Address Koch Hosp., Koch, Mo. Date signed 3-14-46

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

9684

MAR 29 1945

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.....

Henry M. Brammer

Licensed Embalmer No..... *4200*

P. O. Address.....

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.