

FILED JUN 3 1946

Registration District No. 317

Primary Registration District No. 3063

Registrar's No. 1132

1. PLACE OF DEATH:

(a) County St. Louis County

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

(c) Name of hospital or institution: St. Louis County Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 hrs 24 min
(Specify whether years, months or days)

In this community Life

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. 7430 Flora
(If rural, give location)

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

3. (a) PRINT FULL NAME Kenneth, Baby Girl

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

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

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

7. Birth date of deceased May 20 1946
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day 12 hr. 24 min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name Ronald E. Knott

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

14. Maiden name Carrabee Schaffer

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

16. (a) Informant Carrabee Knott
(b) Address 7430 Flora Mehlwood

17. (a) Burial (b) Date thereof May 21, 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill

18. (a) Signature of funeral director Jay B. Smith
(b) Address 7456 Maple Chestnut

19. (a) 5-25-46 (b) E. S. McFarland
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 20 year 1946 hour _____ minute 1:09 A.M.

21. I hereby certify that I attended the deceased from May 20 1946, to May 20 1946
that I last saw her alive on May 20 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity (6 mo)

Due to 1159

Due to _____

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

PHYSICIAN

Major findings: Of operations _____
Of autopsy _____

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) (e) Means of injury _____

23. Signature Paul Blumenthal (M. D. or other) MD
Address 601 Brentwood Date signed 5/21/46

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

16780

6
2
3

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.....

.....
working under my personal supervision.

Registered Apprentice No.....

Signed..... *No Embalmer*
A. C. Gibson

Licensed Embalmer No..... *5454*

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.