

FILED JUN 24 1946

State File No. \_\_\_\_\_

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 1320

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:  
Veterans Administration Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Since 6-14-46  
(Specify whether years, months or days)

In this community 53 Years

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. 1852 South Tenth Street  
(If rural, give location)

(e) Citizen of foreign country? Unknown (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME KNIGHT, Eddie

3. (b) If veteran, name war Spanish American

3. (c) Social Security No. Unknown

4. Sex Male 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: February 11 1880  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>66</u>	<u>4</u>	<u>6</u>	hr. _____ min. _____

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

10. Usual occupation Laborer

11. Industry or business \_\_\_\_\_

MOTHER FATHER {

12. Name Unknown

13. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

16. (a) Informant Clinical Clerk, Vet. Adm. Hosp.

(b) Address Jefferson Barracks, Missouri

17. (a) Burial (b) Date thereof June 20, 46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation National Cemetery

18. (a) Signature of funeral director C. Hoffmeister U & L  
7814 S. Broadway

(b) Address Co. St. Louis, Missouri

19. (a) 6-20-46 (b) E. B. McHarran  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 17  
year 1946 hour 9:15 minute A M.

21. I hereby certify that I attended the deceased from 6-14-46, 19\_\_\_\_ to 6-17-46, 19\_\_\_\_  
that I last saw him alive on June 17, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death CHRONIC NEPHRITIS  
13 1/2

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions UREMIA & ULCERATIVE COLITIS; BRONCHOPNEUMONIA

Major findings: No Operation

Of operations \_\_\_\_\_

Of autopsy Autopsy Performed  
(See cause of death)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) No

(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) Means of injury \_\_\_\_\_

Signature L. E. Stillwell, M.D. (M. D. or other)

Address Vet. Adm. Hosp. Jeff. Brks., Mo. Date signed 6-18-46

Duration  
UNK

UNK

PHYSICIAN

Underline the cause to which death should be charged statistically.

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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, or by.....

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

Signed.....

*Harry J. Schencker*

Licensed Embalmer No. *2679*

P. O. Address *7874 S. Broadway*

**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.**