S. No. 2
0M—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

28803

State File No.

FILED SEP 9 1946

Registration District No. 318 Primary Registration District No. 1003

Registrar's No. 7350

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution:
5019 Lillian Avenue
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 5019 Lillian Ave 9
(If rural, give location) 10

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME ETHEL B. KNOTT

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race Wh

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

6. (b) Name of husband or wife Frank W. Knott

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased March (Month) 23 (Day) 1886 (Year)

8. AGE: Years 60 Months 4 Days 29 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Charles N. Schewe
13. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Anna M. Conradi
15. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Frank W. Knott
(b) Address 5019 Lillian Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/26/46 (Month) (Day) (Year)
(c) Place: burial or cremation Hiram Park

18. (a) Signature of funeral director Kraeger-Voss, Inc.
(b) Address 3402 No. Kingshighway

19. (a) AUG 24 1946 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 21
year 1946 hour 8 minute a M.

21. I hereby certify that I attended the deceased from August 1944, 19, to Aug 1946
that I last saw her alive on Aug 17 1946
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Thrombosis	?
Due to: Cardio Renal vascular disease	3 yr
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: 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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature K. F. Glazer (M. D. ~~or other~~)
Address 3720 Washington Date signed 8/23/46

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....3575.....

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.