S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

33617

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

34794

State File No.

FILED NOV 24 1946

Registration District No. 34 7

Primary Registration District No. 6076

Registrar's No. 3202

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
4006 Council Grove Avenue. 1
(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 St. Louis 96

(c) City or town Pine Lawn 0
(If outside city or town limits, write "RURAL")

(d) Street No. 4006 Council Grove Ave. 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME George A. Knight.

3. (b) If veteran, name war World War #1

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 0

6. (b) Name of husband or wife Helen I. Knight.

6. (c) Age of husband or wife if alive Dec'd. years

7. Birth date of deceased September 21, 1890.
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
56	1	1	hr. min.

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

10. Usual occupation Record Clerk

11. Industry or business

FATHER
12. Name George A. Knight.
13. Birthplace Kentucky. 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Daisy DeGuerre.
15. Birthplace Brazil. 3
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Charles Knight.
(b) Address 2232 Colfax Drive.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-1-1946.
(Month) (Day) (Year)

(c) Place: burial or cremation National Cemetery Jefferson Barracks, Mo.

18. (a) Signature of funeral director Geo. L. Pleitsch, Inc.
(b) Address 5966-68 Easton Avenue.

19. (a) 10-31-46 (Date received local registrar) (b) Ruth L. Allen MD (Registrar's signature) MSA

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 22nd.
year 1946 hour minute M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death carbon monoxide poisoning caused by leaking gas from a defective gas

Due to water heater

Due to 178A

Other conditions 14
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Duration

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) Accident 96

(b) Date of occurrence Oct. 22, 1946

(c) Where did injury occur? Pine Lawn, Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home
(Specify type of place)

While at work? (e) Means of injury Carbon monoxide poison.

23. Signature Arnold J. Willmann Coroner 3

Address Clayton, Mo. Date signed 11/1/46

(Licensed Embalmer's Statement on Reverse Side)

APR 4 1941

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

No Embalm, Registered Apprentice No.

working under my personal supervision.

Signed Clement McNeary

Licensed Embalmer No. 3732

P. O. Address St. Louis

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.