S. No. 2
I—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 3 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 35951

Registrar's No. 9624

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: FIRMIN DESLOGE HOSPITAL (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 WEEK (Specify whether years, months or days)
In this community 1 WEEK

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County 101
(c) City or town EMINENCE (If outside city or town limits, write "RURAL") 0
(d) Street No. R.R. (If rural, give location) 0
(e) Citizen of foreign country? NO (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME Knight, Ernest
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife CLARA KNIGHT
6. (c) Age of husband or wife if alive 49 years
7. Birth date of deceased MAY (Month) 30 (Day) 1892 (Year)

8. AGE: Years	Months	Days	If less than one day
55	4	16	hr. min.

9. Birthplace — (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation SHOE SALESMAN
11. Industry or business CHARLES KNIGHT
FATHER
12. Name ↗
13. Birthplace — (City, town, or county) MISSOURI (State or foreign country) 0
MOTHER
14. Maiden name MALINDA GRAHAM
15. Birthplace — (City, town, or county) MISSOURI (State or foreign country) 0
16. (a) Informant CLARA KNIGHT
(b) Address EMINENCE, MISSOURI
17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof 10-19-47 (Month) (Day) (Year)
(c) Place: burial or cremation EMINENCE, MISSOURI
18. (a) Signature of funeral director DUNCAN FUNL HOME
(b) Address MT VIEW, MISSOURI
19. (a) OCT 17 1947 (Date received local registrar) (b) J. T. Bradeen (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month October day 16 year 1947 hour 3 minute 30P M.
21. I hereby certify that I attended the deceased from 10-10-47, 19..., to 10-16 19 47, that I last saw him alive on October 16, 19 47, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocardial infarction	1 day
Due to: Arteriolar Sclerosis Hypertensive cardiovascular, renal disease	Unknown
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy — Not done —	

PHYSICIAN
Underline the cause of 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 0
23. Signature Fred H. Lundgren M.D. (M. D. or other)
Address 7508 Hillsdale Drive Date signed 10/16/47

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

JAN 5 1948

MAY 2 5 1948

FEB 19 1959

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 C. W. Cooper

Licensed Embalmer No. 3830

P. O. Address 2301 Lafayette

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.