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FILED AUG 6 1948

Registration District No. **318**

Primary Registration District No. \_\_\_\_\_

Registrar's No. **6648**

**1. PLACE OF DEATH:**

(a) County St. Louis

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

(c) Name of hospital or institution En route to Phillips  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3  
(Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days

**3. (a) PRINT FULL NAME** Rodgers McKnight

3. (b) If veteran, name war WW #2

3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race col

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 June 16th 1909  
(Month) (Day) (Year)

**8. AGE:** Years 39 Months 1 Days 11

If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Labor

**MOTHER FATHER**

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

12. Name Alfred McKnight

13. Birthplace Liberty Miss  
(City, town, or county) (State or foreign country)

14. Maiden name Grace Harris

15. Birthplace Liberty Miss  
(City, town, or county) (State or foreign country)

16. (a) Informant Edward McKnight

(b) Address 31113 Thomas St

17. (a) burial (b) Date thereof \_\_\_\_\_  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jefferson Barracks National

18. (a) Signature of funeral director J. F. Bredes

(b) Address 3133 Bell ave

19. (a) Aug 28 1948 (b) J. F. Bredes  
(Date received from registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County 000 17

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

(d) Street No. 3111 Thomas Street  
21 (If rural, give location)

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

If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month July day 27  
year 1948 hour 12 minute 05 A.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;

and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Arteriosclerosis (Helmholtz)

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

Due to 9/4

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 3

23. Signature Alfred McKnight (M. D. or other) \_\_\_\_\_

Address 31113 Thomas St Date signed 7/28/48

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

JAN 17 1949

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.....

*Lynee Hale*

Registered Apprentice No. *221*

working under my personal supervision.

Signed *S. J. Watson*

Licensed Embalmer No. *2697*

P. O. Address. *2769 Chouteau*

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.