

FILED JAN 28 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3426

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **6076** Registrar's No. **191**

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <del>Illinois</del> <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Chesterfield Twp.</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Rural Chesterfield Twp.</b>	
c. LENGTH OF STAY (In this place) <b>MINUTES</b>		d. STREET ADDRESS (If rural, give location) <b>High Top Farm</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>CLARKSON &amp; KEHRS MILL RD.</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Walter</b>	b. (Middle)	c. (Last) <b>Knight</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>January 21, 1950</b>
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5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>May 3, 1902</b>	9. AGE (In years last birthday) <b>47</b>	IF UNDER 1 YEAR Months <b>8</b> Days <b>18</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Craneman</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Pipe Industry</b>	11. BIRTHPLACE (State or foreign country) <b>Clarksville, Tenn.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Pink K. Knight</b>	13b. MOTHER'S MAIDEN NAME <b>Leona Hlad</b>	14. NAME OF HUSBAND OR WIFE <b>Mary</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>yes</b> (If yes, give war or dates of service) <b>World War No. 2</b>	16. SOCIAL SECURITY NO. <b>327-01-8123</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mary Knight</b> ADDRESS <b>MADISON ILLINOIS</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>numerous head injuries, crushing injuries of right chest &amp; internal injuries suffered after losing control of tractor he was operating, which left bridge &amp; overturned on him, near Clarkson &amp; Kehrs Mill Road.</b>		MEDICAL CERTIFICATION  INTERVAL BETWEEN ONSET AND DEATH <b>823.0</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>injuries suffered after losing control of tractor he was operating, which left bridge &amp; overturned on him, near Clarkson &amp; Kehrs Mill Road.</b>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Bridge on farm</b>	21c. (CITY, TOWN, OR TOWNSHIP) <b>Rural, Chesterfield, St. Louis, Mo.</b> (COUNTY) <b>St. Louis</b> (STATE) <b>Mo.</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>1 21 50 P m.</b>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>See above</b>
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22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

22a. SIGNATURE <b>Arnold J. Willmann, Coroner</b> (Degree or title)	23b. ADDRESS <b>Clayton, Mo.</b>	23c. DATE SIGNED <b>1/23/50</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Medison, Ill.</b>	24b. DATE <b>Jan. 22, 1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Sunset Hill</b>	24d. LOCATION (City, town, or county) (State) <b>Edwardsville Twp. Madison Co. Illinois</b>
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DATE REC'D BY LOCAL REG. <b>JAN 23 1950</b>	REGISTRAR'S SIGNATURE <b>Herbert W. Wombe</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>James J. Jakes</b> ADDRESS <b>Madison, Illinois</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

*Handwritten scribble*

**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 \_\_\_\_\_

..... Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student .....  
Student Embalmer

Signed *Francis J. Lahey*  
Licensed Embalmer No. *2792*  
P. O. Address *Madison Ill*

**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.