

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25556

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>2002</u>		Registrar's No. <u>2780</u>	
1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u> <u>4006</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. LOUIS</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>UNIVERSITY CITY</u>		c. LENGTH OF STAY (in this place) <u>years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>UNIVERSITY CITY</u> <u>336</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6377 PERSHING AVE.</u>				d. STREET ADDRESS (If rural, give location) <u>6377 PERSHING AVE.</u> <u>0</u>			
3. NAME OF DECEASED (Type or Print) <u>WALTER J. KNIGHT.</u>			a. (First) <u>J.</u> b. (Middle) <u>J.</u> c. (Last) <u>KNIGHT.</u>			4. DATE OF DEATH <u>July 26 1951</u> (Month) (Day) (Year)	
5. SEX <u>Male</u> <u>0</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>July 14 1882</u>	
9. AGE (In years last birthday) <u>69</u>		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Days		IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>President; W.J. Knight Co (CONSULTANT ENGINEER)</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>CONSULTANT ENGINEER</u>			11. BIRTHPLACE (State or foreign country) <u>Evergreen, Alabama</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>							
13a. FATHER'S NAME <u>James Knight.</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Thomas Brantley.</u>			14. NAME OF HUSBAND OR WIFE <u>Anita Gaebler Knight.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>493-01-5314</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Anita G. Knight, University City</u>			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cirrhosis of Liver</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 5810 II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Rheumatic Heart Disease</u> 20 yrs					INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>None</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Dec 27, 1949</u> , to <u>June 26, 1951</u> , that I last saw the deceased alive on <u>June 26, 1951</u> , and that death occurred at <u>2 A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Paul O. Hagemann MD</u>				23b. ADDRESS <u>3720 Washington</u>		23c. DATE SIGNED <u>7/26/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Entombment</u>		24b. DATE <u>7-28-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Mausoleum, St. Louis Co., Mo.</u>		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. <u>7-27-51</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Tomke</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>C.R. Lupton &amp; Sons; 7233 Delmar Blvd.</u>			

OCT 3 1951

NE: 6646.

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 Arnold W. Schoene

Licensed Embalmer No. 3864

P. O. Address. St. Louis, Mo.

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.