

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....  
Registrar's No. **9615**

FILED OCT 23 1953

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <b>St. Louis</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Homer G. Phillips Hospital</b>		e. STREET ADDRESS <b>1704 Division</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or Print) a. (First) <b>Allen</b>		b. (Middle) <b>Knigh</b>	c. (Last) <b>t</b>
4. DATE OF DEATH (Month) (Day) (Year) <b>10 6 53</b>		5. SEX <b>Male</b>	
6. COLOR OR RACE <b>Colored</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	
8. DATE OF BIRTH <b>Dec. 24, 1897</b>		9. AGE (In years last birthday) <b>55</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Barber</b>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) <b>Belzonia, Miss.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Milton Knight</b>		13b. MOTHER'S MAIDEN NAME <b>Lucinda Johnson</b>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <b>Maggie Knight-2724<sup>th</sup> Dickson</b>	
17. ADDRESS		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>Lower Tract Obstruction</b>	
19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Lower Tract Obstruction</b> *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. ANTECEDENT CAUSES DUE TO (b) <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <b>Periurethral Abscess</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Undt.</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <b>5705</b>		22. I hereby certify that I attended the deceased from <b>7-15</b> , <b>1953</b> , to <b>10-6</b> , <b>1953</b> , that I last saw the deceased alive on <b>10-6</b> , <b>1953</b> , and that death occurred at <b>9:55 A.m.</b> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <b>B. Prophete, M.D.</b>		23b. ADDRESS <b>2601 N. Whittier</b>	
23c. DATE SIGNED <b>10-6-53</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	
24b. DATE <b>Oct. 10, 1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Washington Park Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>English Und. Co. - 1123 N. Taylor</b>	
DATE REC'D BY LOCAL REG. <b>OCT 8 1953</b>		REGISTRAR'S SIGNATURE <b>Carl Smith</b>	

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

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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.....  
Signature of Student Embalmer

Signed *Wallace R. Williams*

Licensed Embalmer No. *4926*  
*4554 Lexington*  
P. O. Address *S. L. Harris*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.