

FILED JUL 26 1954

STANDARD CERTIFICATE OF DEATH

State File No. 24806

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6483

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo.	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY OR TOWN St. Louis	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place)		e. STREET ADDRESS (If rural, give location) 8 919 Riverview Blvd. 20890	
d. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital			

3. NAME OF DECEASED (Type or Print) Robert	a. (First) T.	b. (Middle) Knight	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) July 15 1954
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Dec. 13, 1920	9. AGE (In years last birthday) 33 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman	10b. KIND OF BUSINESS OR INDUSTRY Detroit Steel	11. BIRTHPLACE (City and State or Foreign Country) St. Louis Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME George W. Knight	13b. MOTHER'S MAIDEN NAME Martha Nolan	14. NAME OF HUSBAND OR WIFE Rosemary Knight
--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW2	16. SOCIAL SECURITY NO. 499 03 4422	17. INFORMANT'S SIGNATURE OR NAME Rosemary Knight	ADDRESS 919 Riverview Blvd
---	--	--	-------------------------------

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) MEDICAL CERTIFICATION Neurothorax left; Paralytic ileus; Card Injury; suffered rupture car operated by doctors went out of control and left highway on Hwy # 79 Lucasdale, County Mo. DUE TO (b) DUE TO (c) DUE TO (c) DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION out 800 pm July 5 1954 Accident	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	

21a. ACCIDENT (Specify) Accident	21b. PLACE OF INJURY (e.g. in or about home, farm, factory, street, office bldg., etc.) Hwy	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Hwy # 79 in Lucasdale Cnty Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) July 5 54 8:00 p.m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? E8234

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 1351 p.m., from the causes and on the date stated above. 32

23a. SIGNATURE Patricia P. Taylor Carver	(Degree or title)	23b. ADDRESS 1300 Clark	23c. DATE SIGNED 7/16/54
---	-------------------	----------------------------	-----------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 7/19/54	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis Mo.
---	----------------------	--	--

DATE REC'D BY LOCAL REG. JUL 16 1954	REGISTRAR'S SIGNATURE J. Carl Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Buchholz Mortuary	ADDRESS 5967 W. Florissant
---	---	---	-------------------------------

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

---

---

**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 *Walter H. Buchholz*.....  
Licensed Embalmer No. 453

P. O. Address *A. L.*.....

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.