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1906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 8 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 100

State File No. 38332

Registrar's No. 10237

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution Enroute to HOMER G. PHILLIPS HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community Life 3
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 3349a Market St.
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

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3. (a) PRINT FULL NAME Wavie Knuckles Jr.

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 2

5. Color or race Col.

6. (a) Single, widowed, married, divorced baby U

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased January (Month) 2 (Day) 1948 (Year)

8. AGE: Years 0 Months 10 Days 21 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri U (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER
12. Name Wavie Knuckles
13. Birthplace Forrest City (City, town, or county) Arkansas (State or foreign country)

MOTHER
14. Maiden name Dorothy Cohen
15. Birthplace St. Louis (City, town, or county) Missouri U (State or foreign country)

16. (a) Informant Dorothy Cohen
(b) Address 3349a Market St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-27-48 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park Cemetery

18. (a) Signature of funeral director Ellis Funeral Home
(b) Address 2820 Stoddard St.

19. (a) NOV 26 1948 (Date received local registrar) J. B. Leader (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 23
year 1948 hour 9:35 minute A. M.

21. I hereby certify that I attended the deceased from
, 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Carbon Monoxide Poisoning; Contrib: Split thickness Burns of Body

Due to as a result of a fire of undetermined origin at his

Due to home on Nov. 23, 1948 about 9:30 A.M.

Duration

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 178

Of autopsy 40

PHYSICIAN

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) Accident DDD

(b) Date of occurrence Nov. 23, 1948

(c) Where did injury occur? St. Louis Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? In home 2
(Specify type of place)

While at work? no (e) Means of injury see above

23. Signature [signature] (M. D. or other)

Address [signature] Date signed 11/26/48

(Licensed Embalmer's Statement on Reverse Side)

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Fulton C Oulkin

Licensed Embalmer No. 4198

P. O. Address St Louis 13, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.