

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41181**

FILED DEC 29 1948

BIRTH NO. _____ REG. DIST. NO. **310** PRIMARY REG. DIST. NO. **3058** Registrar's No. **244**

1. PLACE OF DEATH a. COUNTY St. Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Missouri b. COUNTY St. Charles	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN St. Charles		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN West Alton,	
c. LENGTH OF STAY (in this place) 13 days			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED a. (First) William b. (Middle) M. c. (Last) Knowles			4. DATE OF DEATH (Month) (Day) (Year) December 17-1948		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 28, 1870	9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 11 HRS. Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck farmer	10b. KIND OF BUSINESS OR INDUSTRY truck farming	11. BIRTHPLACE (State or foreign country) Hamilton County, Illinois	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Lawson Knowles	13b. MOTHER'S MAIDEN NAME Susie Hunter	14. NAME OF HUSBAND OR WIFE May (Hawkins) Knowles
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. NIL	17. INFORMANT'S SIGNATURE OR NAME Albert L. Knowles ADDRESS Thebes, Ill
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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, asphyxia, etc. It means the disease, injury, or complication which caused death. 1316	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 4 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Anaemia		
ANTECEDENT CAUSES		DUE TO (b) Chronic interstitial nephritis - 6 yrs	
Morbid conditions, if any, giving rise to the above cause (c) stating the underlying cause last.		DUE TO (c) Gen. Arterio sclerosis.	
II. OTHER SIGNIFICANT CONDITIONS		unhealed wound	
Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION following proctectomy	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) no	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Dec 17, 1948** to **Dec 17, 1948** that I last saw the deceased alive on **Dec 17, 1948** and that death occurred at **9 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE A. P. Erich Schmitz M.D. (Degree or title)	23b. ADDRESS St. Charles Mo	23c. DATE SIGNED 12/19/48
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE Dec 19-1948	24c. NAME OF CEMETERY OR CREMATORY Ebenezer Cemetery	24d. LOCATION (City, town, or county) (State) West Alton, Missouri
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DATE REC'D BY LOCAL REG. 12-21-48	REGISTRAR'S SIGNATURE Kaanne Hamilton	25. FUNERAL DIRECTOR'S SIGNATURE C. Dallmeyer ADDRESS St. Charles, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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Date Filed
DEC 27 1948

District Health Officer No. 9,
RECEIVED

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.

Signed Herbert C. Dallmeyer

Signed.....
Student Embalmer

Licensed Embalmer No. 4546

P. O. Address St. Charles, 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.