

FILED DEC 8 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39262

State File No.

BIRTH NO. 4004 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3068 Registrar's No. 2867

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Maplewood</u>	c. LENGTH OF STAY (In this place) <u>3 Weeks</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis 4074</u>	d. STREET ADDRESS (If rural, give location) <u>6333 Woodland Ave.</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Reesev Nursing Home</u>		7. STREET ADDRESS <u>6333 Woodland Ave.</u>	

3. NAME OF DECEASED (Type or Print) <u>Genevieve M. Knudson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 26 1950</u>		
a. (First)		b. (Middle)	c. (Last)		

5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed 2</u>	8. DATE OF BIRTH <u>July 23 1893</u>		9. AGE (In years last birthday) <u>57</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>St. Louis Mo. 6</u>		12. CITIZEN OF WHAT COUNTRY?		

13a. FATHER'S NAME <u>Fred S. Holcomb</u>		13b. MOTHER'S MAIDEN NAME <u>Ida Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Ralph Knudson</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Florence Bowman; 6333 Woodland</u>		
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) <u>Cerebral thrombosis</u>					
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES	DUE TO (b) <u>arteriosclerosis</u>			
	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (c) <u>Paralysis Agitans</u>			
II. OTHER SIGNIFICANT CONDITIONS	Conditions contributing to the death but not related to the disease or condition causing death.				<u>330X</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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) <u>350X</u>	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 May 1949 to Nov. 26, 1950, that I last saw the deceased alive on Nov. 27, 1950 and that death occurred at 7:10p m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Joseph E. Cameron, M.D.</u>		23b. ADDRESS <u>906 Olive St.</u>		23c. DATE SIGNED <u>11-27-50</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11/29/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Crematory</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Mo.</u>		
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DATE REC'D BY LOCAL REG. <u>11/28/50</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Donke M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Brehmann-Harral; 1905 Union Blvd.</u>		
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. J. E. Carney;
Frisco. Bldg.;
(8 to 2)

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed Albert R. Johnson

Signed.....
Student Embalmer

Licensed Embalmer No. 45197

P. O. Address H. J. ...

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.