

No. 30
10. 48

FILED JAN 4 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2002 State File No. 43135

BIRTH NO. _____ REG. DIST. NO. 6076³¹⁷ PRIMARY REG. DIST. NO. 317 Registrar's No. 3051

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) UNIVERSITY CITY		c. CITY (If outside corporate limits, write RURAL and give township) UNIVERSITY CITY 4346	
c. LENGTH OF STAY (in this place) UNKNOWN		d. STREET ADDRESS (If rural, give location) 7250 Colgate Avenue 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION UNKNOWN			

3. NAME OF DECEASED (Type or Print) a. (First) Baby		b. (Middle) KNEZNEKOFF		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) 11 2 50					
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED		8. DATE OF BIRTH 11/1/50		9. AGE (In years last birthday) Newborn		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 2 HRS. Hours	IF UNDER 15 MIN. Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Missouri 0			12. CITIZEN OF WHAT COUNTRY? US		

13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME Shirley Kneznekoff		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) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS	

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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) undetermined cause either before or after birth in bathroom of home.		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) home. DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 7955		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Open verdict		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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

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 _____ m., from the causes and on the date stated above.

23a. SIGNATURE G. D. Hillman 3 (Degree or title) Coroner		23b. ADDRESS Clayton, Mo.		23c. DATE SIGNED 11/10/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY ST LOUIS CITY INFERN. ST. LOUIS, MISSOURI	
24d. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE Herbert R. Donke MD RWA (Licensed Embalmer's Statement on Reverse Side)		ADDRESS St Louis Co Hospital Clayton	
DATE REC'D BY LOCAL REG. 12-18-50		REGISTRAR'S SIGNATURE			

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

100.6

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
Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.