

FILED AUG 13 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22138**

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>810</u>	
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>			
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>St. Joseph</u>		c. LENGTH OF STAY (in this place) <u>1 Mo, 25 Days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph, Mo.</u> <u>0117</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>1441 North 13th St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lloyd</u> b. (Middle) <u>James</u> c. (Last) <u>Knuth</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 2, 1951</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>		8. DATE OF BIRTH <u>March 20, 1928</u>	
9. AGE (In years last birthday) <u>23</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retail Clerk(Gro)Union</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Beatty Store # 1</u>		11. BIRTHPLACE (State or foreign country) <u>St. Joseph, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>William J. Knuth</u>		13b. MOTHER'S MAIDEN NAME <u>Magdalen Lottman</u>		14. NAME OF HUSBAND OR WIFE <u>Single</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>World War # 2</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. William J. Knuth 1441 No. 13th St.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Haemorrhage</u> INTERVAL BETWEEN ONSET AND DEATH <u>15 min</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Metastatic Lympho-Sarcoma in lung from</u> DUE TO (c) <u>Primary Lympho-Sarcoma</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Right, infra-Axillary Area.</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Biopsy - Lympho-Sarcoma</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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>2001</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 <u>4-17</u> , 19 <u>51</u> , to <u>8-2</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>8-1</u> , 19 <u>51</u> , and that death occurred at <u>2:45</u> A.m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Wm. B. Roark</u>				23b. ADDRESS <u>510 Corby Bldg</u>		23c. DATE SIGNED <u>8-3-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug. 4, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Ashland Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Aug 8, 1951</u>		REGISTRAR'S SIGNATURE <u>Carl E. Casper</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Roy Stanley 2335 St. Joseph Ave.</u>			

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

AUG 20 1951

AUG 20 1951

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 _____

Charles Thomas

Signed _____

Student Embalmer

Licensed Embalmer No. _____

2640

P. O. Address _____

St. Joseph

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.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Mo. }
County of Buch. } ss.

State File No. 22139
Local Registrar's No. 840

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 21 day of Jan, 1952, before me appears Mrs. Helen Theriault, who, upon her oath, states that the original record of ^{birth} death for Lloyd James Knuth, died 8-2-51, 19 , in the State of Missouri, and which was filed at St. Joseph, Mo. on 8-8, 1951, should be corrected as follows:

Item No. should read

Instead of

Item No. 13 h should read Magdalen LOLLMAN

Instead of " LOLLMONAR

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Mrs. Helen Theriault Older Sister
Relationship.

2016 Francis St
Present Address.

Subscribed and sworn to before me this 21 day of Jan, 1952

My Commission expires My Commission Expires April 12, 1955 Ether M. Allison Notary Public.