

FILED AUG 25 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH 1003 State File No. 28421

318

Registrar's No. 7252

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. \_\_\_\_\_

|  |  |  |  |
|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>0</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Mo.</u><br>b. COUNTY _____ |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>St. Louis</u> |  | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>St. Louis</u>                                 |  |
| c. LENGTH OF STAY (In this place) _____  |  | 6. STREET ADDRESS (If rural, give location)<br><u>5211 Terry Ave.</u>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><u>Mo. Baptist Hospital</u>                           |  |  |  |

|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
| 3. NAME OF DECEASED<br>a. (First) <u>Thomas</u><br>(Type or Print)   |  | b. (Middle) <u>Edward</u><br><del>Edward</del> |  | c. (Last) <u>Knox</u>  |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>Aug. 12 1951</u> |  |
| 5. SEX <u>male</u>   |  | 6. COLOR OR RACE <u>white</u>                  |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>married</u> |  | 8. DATE OF BIRTH<br><u>Mar. 5 1883</u>                       |  |
| 9. AGE (In years last birthday) <u>68</u>  |  | IF UNDER 1 YEAR<br>Months _____ Days _____     |  | IF UNDER 24 Hrs.<br>Hours _____ Min. _____                               |  | 11. BIRTHPLACE (State or foreign country)<br><u>Ohio</u>     |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Sheet-metal worker</u> |  |  |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>(Retired)</u>                    |  | 12. CITIZEN OF WHAT COUNTRY?<br>_____                        |  |

|   |  |  |  |   |  |
|---|--|--|--|---|--|
| 13a. FATHER'S NAME<br><u>Charles A. Knox</u>  |  | 13b. MOTHER'S MAIDEN NAME<br><u>Josephine Hodaly</u> |  | 14. NAME OF HUSBAND OR WIFE<br><u>Aslee Knox</u>                        |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>none</u> |  | 16. SOCIAL SECURITY NO.<br><u>486-28-0454</u>        |  | 17. INFORMANT'S SIGNATURE OR NAME<br><u>Aslee Knox, 5211 Terry Ave.</u> |  |
| 17. ADDRESS _____   |  | ADDRESS _____  |  |   |  |

|   |  |  |  |   |  |
|---|--|--|--|---|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. |  | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute nephritis.</u> |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>one week</u> |  |
| ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><br>DUE TO (c) _____   |  | DUPLICATE OF (b) <u>Chronic Myocarditis.</u>                                   |  | <u>one year</u>                                     |  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |  | _____  |  |   |  |

|   |  |  |  |   |  |
|---|--|--|--|---|--|
| 19a. DATE OF OPERATION<br><u>None.</u>                |  | 19b. MAJOR FINDINGS OF OPERATION<br><u>None.</u>   |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |
| 21a. ACCIDENT — (Specify)<br>SUICIDE —<br>HOMICIDE —  |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)<br>_____      |  | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)<br>_____                            |  |
| 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?<br><u>H2O2</u>   |  |

22. I hereby certify that I attended the deceased from Aug 4, 1951, to Aug 12, 1951, that I last saw the deceased alive on Aug 12, 1951, and that death occurred at 8:05 a. m., from the causes and on the date stated above.

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| 23a. SIGNATURE (Degree or title)<br><u>Richard H. Kimmel, M.D.</u>        |  | 23b. ADDRESS<br><u>5146 St. Louis Ave. St. Louis 15, Mo.</u> |  | 23c. DATE SIGNED<br><u>8-13-51</u>                         |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>burial</u>                |  | 24b. DATE<br><u>8/15/51</u>                                  |  | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Memorial Park</u> |  |
| 24d. LOCATION (City, town, or county) (State)<br><u>St. Louis Co. Mo.</u> |  | _____  |  |  |  |

|  |  |   |  |  |  |
|--|--|---|--|--|--|
| DATE REC'D BY LOCAL REG.<br><u>AUG 14 1951</u> |  | REGISTRAR'S SIGNATURE<br><u>J. Earl Smith, M.D.</u> |  | 25. FUNERAL DIRECTOR'S SIGNATURE<br><u>Drehmann-Harral, 1905 Union Blvd.</u> |  |
| _____  |  | _____   |  | ADDRESS _____  |  |

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Richard K. Kimmel,  
5146 St. Louis Ave.

(4 to 7)

MAR 21 1958

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 *Warren A. Carver*

Signed.....  
Student Embalmer

Licensed Embalmer No. *353X*

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.