

No. 300
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40166**

BIRTH NO.		REG. DIST. NO. <u>317</u>	PRIMARY REG. DIST. NO. <u>3062</u>	Registrar's No. <u>3627</u>
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Brentwood</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Brentwood</u>		
c. LENGTH OF STAY (In this place) <u>5/1</u>		d. STREET ADDRESS (If rural, give location) <u>8830 Powell</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>8830 Powell</u>		d. STREET ADDRESS (If rural, give location) <u>8830 Powell</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Roy</u>		b. (Middle) <u>Frank</u>		c. (Last) <u>Knowles</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 7, 1951</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>March 1, 1892</u>	9. AGE (In years last birthday) <u>59</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Physician</u>		11. BIRTHPLACE (State or foreign country) <u>Bellerive, Ill.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>				
13a. FATHER'S NAME <u>Ananias Knowles</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown Smith</u>		14. NAME OF HUSBAND OR WIFE <u>Cornelia</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Cornelia Knowles</u> ADDRESS <u>8830 Powell</u>
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> INTERVAL BETWEEN ONSET AND DEATH <u>Immediately</u> ANTECEDENT CAUSES <u>Obesity</u> DUE TO (b) <u>Obesity</u> 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		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>331X</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>about</u> , 19 <u>36</u> , to <u>Nov. 4</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Nov 4</u> , 19 <u>51</u> , and that death occurred at <u>6:12</u> a.m., from the causes and on the date stated above.				
23a. SIGNATURE <u>Andrew B. Jones, M.D.</u> (Degree or title)		23b. ADDRESS <u>3720 Washington</u>		23c. DATE SIGNED <u>11/7/51</u>
24a. BURIAL, CREMATION, REMOVAL <u>Removal</u>		24b. DATE <u>11-8-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Brunswick, Mo.</u>
24d. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE <u>Albert H. Hoppe</u> ADDRESS <u>4700 Washington Blvd.</u>		
DATE REC'D BY LOCAL REG. <u>11-7-51</u>		REGISTRAR'S SIGNATURE <u>Albert Polonka M.D.</u>		

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

APR 28 1967

MAR 2 1967

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 _____

J. W. Beckley
Licensed Embalmer No. *3643*

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.