

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED MAR 19 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 251

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) OR TOWN <u>OAKLAND</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>OAKLAND</u> 478.0	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>DILWORTH HOME</u>		d. STREET ADDRESS (If rural, give location) <u>1001-EBIG BEND. RD.</u>	

3. NAME OF DECEASED (Type or Print) <u>MARY EDNA KNOWLES</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2 7 52</u>		
5. SEX <u>FEMALE W</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE U</u>	8. DATE OF BIRTH <u>APRIL-7-1868</u>		9. AGE (In years last birthday) <u>83</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	11. BIRTHPLACE (State or foreign country) <u>ST. LOUIS</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>DAVID KNOWLES</u>		13b. MOTHER'S MAIDEN NAME <u>JAENNETTE WOODS</u>		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) <u>No</u>		16. SOCIAL SECURITY NO. <u>-----</u>		17. INFORMANT'S SIGNATURE OR NAME <u>WALTER C. KNOWLES</u> ADDRESS <u>RICHMOND HEIGHTS, MO</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 (left)</u>		INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic vascular disease</u>		<u>abs</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 <u>331X</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) _____	
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 Dec 14 1951 to Feb 7 1952, that I last saw the deceased alive on Feb 6 1952, and that death occurred at 11:45 A.M. from the causes and on the date stated above.

23a. SIGNATURE <u>D. Schaub</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Webster Groves Mo</u>		23c. DATE SIGNED <u>2/8/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>FEB. 9-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>OAKHILL CEM</u>	
		24d. LOCATION (City, town, or county) (State) <u>KIRKWOOD MO</u>			

DATE REC'D BY LOCAL REG. <u>2-9-52</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Daniels M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Albion Fun Home</u> ADDRESS <u>Webster Groves Mo</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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

*Leslie Welch*

Licensed Embalmer No. *4395*

P. O. Address *Holston Grove*

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.