S. No. 300
V. 10.48

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

FILED OCT 1 1952

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 33117

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8588

1

**1. PLACE OF DEATH**
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 4108 St. Ferdinand Res.

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: 2119
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
d. STREET ADDRESS (If rural, give location): 6 4108 St. Ferdinand

11

**3. NAME OF DECEASED** (Type or Print)
a. (First): Hatchie
b. (Middle):
c. (Last): Knox

**4. DATE OF DEATH** (Month) (Day) (Year): 9/9/52

**5. SEX**: Female 3

**6. COLOR OR RACE**: Negro

**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Widowed 2

**8. DATE OF BIRTH**: Dec 13 1883

**9. AGE** (In years last birthday): 68
If under 1 year: Months 8 Days 26
If under 24 hrs.: Hours ___ Min. ___

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): teacher

**10b. KIND OF BUSINESS OR INDUSTRY**: Batesville, Miss.

**11. BIRTHPLACE** (City and State or Foreign Country): Batesville, Mississippi 1

**12. CITIZEN OF WHAT COUNTRY?**: USA

**13a. FATHER'S NAME**: George Wright

**13b. MOTHER'S MAIDEN NAME**: Clara Benson

**14. NAME OF HUSBAND OR WIFE**: Sherman Knox

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): No
(If yes, give war or dates of service)

**16. SOCIAL SECURITY NO.**: None

**17. INFORMANT'S SIGNATURE OR NAME ADDRESS**: Gail Patton 4108 St. Ferdinand St.

**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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Carcinomatosis — 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) Carcinoma of Uterus 2 yrs
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 ☐ NO ☐

**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) m.

**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐

**21f. HOW DID INJURY OCCUR?** 174X

22. *I hereby certify that I attended the deceased from* June 1951, *to* Sept 9, 1952, *that I last saw the deceased alive on* Sept 7, 1952 *and that death occurred at* 8:55 a.m., *from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): Russell H. White, M.D.

**23b. ADDRESS**: 2424 N. Sarah

**23c. DATE SIGNED**: 9-12-52

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial

**24b. DATE**: Sept. 13, 1952

**24c. NAME OF CEMETERY OR CREMATORY**: Greenwood Cemetery

**24d. LOCATION** (City, town, or county) (State): St. Louis, County Missouri

DATE REC'D BY LOCAL REG. SEP 13 1952

REGISTRAR'S SIGNATURE: J Carl Smith MD

**25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS**: E B Keane 1221 N Grand

m83

(Licensed Embalmer's Statement on Reverse Side)

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 Lorenc Rooms

Licensed Embalmer No. 4755

P. O. Address 1221 N Grand

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.