

5. No. 300
V. 10.48

NOV 12 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36571**
Registrar's No. **9520**

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital		d. STREET ADDRESS (If rural, give location) 24 3513 Iowa Ave.,	
3. NAME OF DECEASED (Type or Print) a. (First) Fred b. (Middle) c. (Last) Knox			4. DATE OF DEATH (Month) (Day) (Year) 10.14/52
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 13, 1889
9. AGE (in years last birthday) 63		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Filer	11. BIRTHPLACE (City and State or Foreign Country) Millersberg, Ill.
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY Western Supply Co.	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Joseph Knox		13b. MOTHER'S MAIDEN NAME Alice Butcher	14. NAME OF HUSBAND OR WIFE Maude
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 489-03-9930	17. INFORMANT'S SIGNATURE OR NAME Maude Knox--
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* Card Injury; suffered when diseased fell from tractor on a farm at New Flaremo Mo. on Sept 28th 1952 between 1030 and 1100 am E9121 3 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 Accidental	20. AUTOPSY YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, store, office bldg., etc.) Lane	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo. Ill.
21d. TIME OF INJURY Sept 28 - 52 1100 am		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 620P m. , from the causes and on the date stated above.			
23a. SIGNATURE J. Patrick E. Taylor Corano		23b. ADDRESS 1300 Clark	23c. DATE SIGNED 10 15 52
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 10/18/52	24c. NAME OF CEMETERY OR CREMATORY New St. Marcus Cem.
		24d. LOCATION (City, town, or county) (State) St. Louis Co., Missouri	
DATE REC'D BY LOCAL REG. OCT 15 1952		REGISTRAR'S SIGNATURE J. Earl Smith, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Wacker-Welder
		ADDRESS 3634 Gravois	

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

418. (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 Robert Wheeler

Licensed Embalmer No. 2128

P. O. Address Paris, Mo.

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.