No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 12 1952

State File No. 40399
Registrar's No. 10985

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 2849 Russell
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): St. Louis, Mo.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missori
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 2849 Russell 2239
d. STREET ADDRESS (If rural, give location): 23 St. Louis, Mo.

3. NAME OF DECEASED (Type or Print)
a. (First): NAOMI
b. (Middle): ADELE
c. (Last): KNOWER

4. DATE OF DEATH (Month) (Day) (Year): Nov. 27, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept. 29, 1883
9. AGE (In years last birthday): 69 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (City and State, or Foreign Country): St. Louis, Mo. U
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Max Schebbe
13b. MOTHER'S MAIDEN NAME: Carrie Kunz
14. NAME OF HUSBAND OR WIFE: Charles L. Knower

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: No
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Charles Knower, 2849 Russell, St. Louis

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carcinoma of stomach

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): abdominal metastases
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH: @ 1 yr

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: No operation performed
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?: 151X

22. *I hereby certify that I attended the deceased from* Nov. 10, 1952, *to* Nov. 10, 1952, *that I last saw the deceased alive on* Nov. 10, 1952, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Bernie A. Torin, M. D.
23b. ADDRESS: 508 N. Grand
23c. DATE SIGNED: Nov. 28, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation
24b. DATE: Nov. 28, 1952
24c. NAME OF CEMETERY OR CREMATORY: Missouri Crematory
24d. LOCATION (City, town, or county) (State): St. Louis, Mo.

DATE REC'D BY LOCAL REG.: NOV 29 1952
REGISTRAR'S SIGNATURE: J Earl Smith Md
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: McLaughlin Funeral Home, 2301 Lafayette

(Licensed Embalmer's Statement on Reverse Side)

7732 Enright Ave.
CE 5027
Infant P. 15

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 James R. Chapman

Licensed Embalmer No. 4550

P. O. Address St. Louis, 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.