

FILED MAR 2 - 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **7236**

BIRTH NO. _____		REG. DIST. NO. <b>310</b>		PRIMARY REG. DIST. NO. <b>3058</b>		Registrar's No. <b>57</b>	
1. PLACE OF DEATH a. COUNTY <b>Saint Charles</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Charles</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>Saint Charles</b>		c. LENGTH OF STAY (in this place) <b>6 wks.</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Saint Charles</b>		<b>0923</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Saint Joseph's Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>920 North Second Street</b>			
3. NAME OF DECEASED (Type or Print) <b>Paul</b>		a. (First) <b>C.</b>		b. (Middle) <b>Knuckolls</b>		c. (Last)	
4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 25, 1953</b>		5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
8. DATE OF BIRTH <b>Feb. 28, 1890</b>		9. AGE (In years last birthday) <b>62</b>		IF UNDER 1 YEAR Months <b>11</b> Days <b>27</b>		IF UNDER 24 HRS. Hours <b>27</b> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Amer. Car Fdy.</b>		11. BIRTHPLACE (State or foreign country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>John Knuckolls</b>		13b. MOTHER'S MAIDEN NAME <b>Mary (unknown)</b>		14. NAME OF HUSBAND OR WIFE <b>Dora Raines</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>462-14-6666</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Dora Knuckolls, St. Charles, Mo.</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <b>Carcinoma of the larynx</b>		<b>lyr.</b>					
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____					
		DUE TO (c) _____					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>161 X</b>					
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 <b>2-22</b> , 19 <b>52</b> , to <b>2-25</b> , 1953, that I last saw the deceased alive on <b>2-25</b> , 19 <b>53</b> , and that death occurred at <b>2:05A.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>W. C. Dalbey, M.D.</b>				23b. ADDRESS <b>114 N. Main St., St. Chas., Mo.</b>		23c. DATE SIGNED <b>2-25-53</b>	
24a. BURIAL CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Feb. 26, 1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Oak Grove Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Saint Charles, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>Feb 25 1953</b>		REGISTRAR'S SIGNATURE <b>Francis Hamilton</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>W. C. Dalbey &amp; Son, St. Charles, Mo.</b>		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

**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 Frank R. Amalony

Licensed Embalmer No. 48325

P. O. Address St Charles

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.