

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34574

State File No.

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

Amey G. W.
FILED SEP-25 1953

| | | | | | | | | |
|--|--|--|---|--|---|---|--|----------------------------------|
| BIRTH NO. _____ | | REG. DIST. NO. <u>317</u> | | PRIMARY REG. DIST. NO. <u>590</u> | | Registrar's No. <u>2359</u> | | |
| 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>Berkley City</u> | | c. LENGTH OF STAY (In this place) <u>10 YEARS</u> | | c. CITY OR TOWN <u>Berkley City</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>9438 Oakdale avenue</u> | | | | e. STREET ADDRESS (If rural, give location) <u>9438 Oakdale</u> <u>4091</u> <u>0</u> | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Gilbert</u> b. (Middle) _____ c. (Last) <u>McKnight</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>9-1-53</u> | | | | | |
| 5. SEX <u>male</u> | | 6. COLOR OR RACE <u>white</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | | 8. DATE OF BIRTH <u>2-22-1879</u> | | |
| 9. AGE (In years last birthday) <u>74</u> | | 10. UNDER 1 YEAR Months _____ Days _____ | | 10. UNDER 24 HRS. Hours _____ Min. _____ | | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer retired</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>farm</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Illinois</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13a. FATHER'S NAME <u>unknown</u> | | | 13b. MOTHER'S MAIDEN NAME <u>unknown</u> | | 14. NAME OF HUSBAND OR WIFE <u>Frances McKnight</u> | | | |
| 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>none</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Opal Hahn 9438 Oakdale avenue</u> | | | | |
| 18. CAUSE OF DEATH Enter only one cause for lines for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | | | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Medullary Tumor</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral Degeneration</u> DUE TO (c) <u>Arteriosclerosis + Hypertension</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>331X</u> | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m. | | 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 <u>9/1/53</u> , to _____, 19____, that I last saw the deceased alive on <u>9/1/53</u> and that death occurred at <u>6:20 P.M.</u> , from the causes and on the date stated above. | | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>M. J. Gardner M.D.</u> | | | | 23b. ADDRESS <u>417 Airport Rd.</u> | | 23c. DATE SIGNED <u>9/1/53</u> | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u> | | 24b. DATE <u>9-2-53</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Puxico, Mo.</u> | | 24d. LOCATION (City, town, or county) (State) <u>Puxico, Mo.</u> | | |
| DATE REC'D BY LOCAL REG. <u>9/3/53</u> | | REGISTRAR'S SIGNATURE <u>Wesley B. Spivey M.D.</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Morgan F.H., Puxico, Mo.</u> | | | | |

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
Signature of Student Embalmer

Signed *W. C. Morris*

Licensed Embalmer No. *33*

P. O. Address *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.