No. 300
10-48

FILED NOV 27 1953

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 41206

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10854

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

1. PLACE OF DEATH
a. COUNTY ~~St. Louis~~
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) City Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Illinois b. COUNTY St. Clair 8120
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) East St. Louis
d. STREET ADDRESS (If rural, give location) 813 N 16 St.

3. NAME OF DECEASED (Type or Print) a. (First) Agnes b. (Middle) Julia c. (Last) Springett

4. DATE OF DEATH (Month) (Day) (Year) Nov. 13 1953

5. SEX F.
6. COLOR OR RACE W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 3
8. DATE OF BIRTH July 1 1901
9. AGE (In years last birthday) 52 — 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) Factory Superintendent
10b. KIND OF BUSINESS OR INDUSTRY F.B. Chamberlin Co.
11. BIRTHPLACE (State or foreign country) Belleville Ill. 1
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Michael Knab
13b. MOTHER'S MAIDEN NAME Louise Schilling
14. NAME OF HUSBAND OR WIFE —

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. 489-09-7810
17. INFORMANT'S SIGNATURE OR NAME Mrs Earl Meehan ADDRESS East St Louis, Ill

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) _____ 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) Coronary Thrombosis
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? 4201

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 4:10 p.m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) [signature] 3
23b. ADDRESS 1300 Clark
23c. DATE SIGNED 11/14/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 11-17-53
24c. NAME OF CEMETERY OR CREMATORY Mt Carmel
24d. LOCATION (City, town, or county) (State) Belleville Ill.

DATE REC'D BY LOCAL REG. NOV 16 1953
REGISTRAR'S SIGNATURE J Carl Smith MD MDB
25. FUNERAL DIRECTOR'S SIGNATURE Nell Walsh Barnes ADDRESS East St Louis, Ill.

(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 Not Embalmed, Student Embalmer No. ....., working under my personal supervision.

Signed Philip Ogden

Signed ..... Student Embalmer

Licensed Embalmer No. 7091

P. O. Address East St. Louis, Ill.

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.