No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6434

State File No. .....

BIRTH NO. FILED MAR 8 1954 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1932

1. PLACE OF DEATH
a. COUNTY
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): Homer G. Phillips Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Missouri
b. COUNTY: 2129
c. CITY OR TOWN: St. Louis
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐ 0
e. STREET ADDRESS (If rural, give location): 12 5033 Cates

3. NAME OF DECEASED (Type or Print)
a. (First): Sadie
b. (Middle):
c. (Last): Knuckles

4. DATE OF DEATH (Month): 2 (Day): 25 (Year): 54

5. SEX: F 3

6. COLOR OR RACE: Negro

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2

8. DATE OF BIRTH: July 9, 1902

9. AGE (In years last birthday): 51 If under 1 year: Months 7 Days ___ If under 24 hrs.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic

10b. KIND OF BUSINESS OR INDUSTRY: Private Family

11. BIRTHPLACE (City and State or Foreign Country): Paducah, Kentucky 1

12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME: Phil Davis

13b. MOTHER'S MAIDEN NAME: Amanda ?

14. NAME OF HUSBAND OR WIFE: Samuel Knuckles

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.: 490 26 8925

17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Alexander Knuckles, 5033 Cates

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) Carcinoma of Rt. Breast (Recurrent) with Metastasis — INTERVAL BETWEEN ONSET AND DEATH: Undt.

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. Surgical Absence of Rt. Breast

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? 170 X

22. *I hereby certify that I attended the deceased from* 12-30, 19 53, *to* 2-25, 19 53, *that I last saw the deceased alive on* 2-25, 19 53, *and that death occurred at* 11:55A *m., from the causes and on the date stated above.*

23a. SIGNATURE: Earl Bell Smith (Degree or title): M.D.

23b. ADDRESS: 2601 N. Whittier

23c. DATE SIGNED: 2-26-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: Mar. 2, 1954

24c. NAME OF CEMETERY OR CREMATORY: Oakdale

24d. LOCATION (City, town, or county) (State): Leemay, Missouri

DATE REC'D BY LOCAL REG. MAR 2 1954

REGISTRAR'S SIGNATURE: J. Carl Smith MD

25. FUNERAL DIRECTOR'S SIGNATURE: E. Kounce

ADDRESS: 1221 N. Grand

m.d.

(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 emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed...Guyton Swan...

Licensed Embalmer No. 45

P. O. Address 1221 N G

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.