

FILED JUL 19 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24121

State File No.

BIRTH NO. 45964-54 REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 143

1. PLACE OF DEATH a. COUNTY <u>St. Charles</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>Missouri</u> b. COUNTY <u>St. Charles</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Charles</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Charles</u>	
c. LENGTH OF STAY (in this place) <u>1 day</u>		d. STREET ADDRESS (If rural, give location) <u>0923</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph Hospital</u>			
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
a. (First) <u>Charles</u>		b. (Middle)	
c. (Last) <u>Knoll</u>		(Month) (Day) (Year) <u>July 12, 1954</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	8. DATE OF BIRTH <u>July 11, 1954</u>
9. AGE (In years last birthday)		10. MONTHS	11. DAYS
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>St. Charles, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>John Knoll</u>		13b. MOTHER'S MAIDEN NAME <u>Jane Schneider</u>	
14. NAME OF HUSBAND OR WIFE -----			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. -----	
		17. INFORMANT'S SIGNATURE OR NAME <u>John Knoll, RR 1, St. Peters, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Premature infant (7 mos)</u>		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			
2. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
DUE TO (b) _____			
DUE TO (c) _____			
3. 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 <u>776x</u>	
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 <u>July 11, 1954</u> , to <u>July 1, 1954</u> , that I last saw the deceased alive <u>July 12, 1954</u> , and that death occurred at <u>12 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>George E. Kraker</u>		23b. ADDRESS <u>St. Charles, Mo.</u>	
23c. DATE SIGNED <u>7-13-54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>July 13, 1954</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>All Saints Ceme.</u>		24d. LOCATION (City, town, or county) (State) <u>St. Peters, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>July 13, 1954</u>		REGISTRAR'S SIGNATURE <u>Francis Hamilton</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Geo. Steffater</u>		ADDRESS <u>St. Peters, Mo.</u>	

(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~~ *was not Embalmed* by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

E A Keithley

Licensed Embalmer No. *8221*

P. O. Address *Stallion 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.