

FILED AUG 16 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 29080
Registrar's No. 7224

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| BIRTH NO. | | REG. DIST. NO. 318 | | PRIMARY REG. DIST. NO. 1003 | | Registrar's No. 7224 | |
| 1. PLACE OF DEATH a. COUNTY | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | c. LENGTH OF STAY (In this place) Life | | c. CITY OR TOWN Saint Louis | | 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 Homer G. Phillips Hospital | | | | e. STREET ADDRESS (If rural, give location) 6104 Colorado Avenue 2019 | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Virgil | | b. (Middle) | | c. (Last) McKnight Sr. | | 4. DATE OF DEATH (Month) (Day) (Year) August 1, 1954 | |
| 5. SEX Male | | 6. COLOR OR RACE Negro | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | | 8. DATE OF BIRTH 4/25/1885 | |
| 9. AGE (In years last birthday) 69 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Barber | | 10b. KIND OF BUSINESS OR INDUSTRY as given | | 11. BIRTHPLACE (City and State or Foreign Country) Saint Louis, Missouri C | |
| 11. BIRTHPLACE (City and State or Foreign Country) Saint Louis, Missouri C | | 12. CITIZEN OF WHAT COUNTRY? U.S. | | 13a. FATHER'S NAME Virgil McKnight | | 13b. MOTHER'S MAIDEN NAME Julia Jouries | |
| 13a. FATHER'S NAME Virgil McKnight | | 13b. MOTHER'S MAIDEN NAME Julia Jouries | | 14. NAME OF HUSBAND OR WIFE Cornelia McKnight | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. 499-05-5492 | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Virgil McKnight 111, 4910 Northland | | | |
| 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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Epidermoid Carcinoma of Hypopharynx with extension to neck ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____ 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 | | | | 20. AUTOPSY? YES <input checked="" 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) (Min.) | |
| 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.) | |
| 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? 147X | | | |
| 22. I hereby certify that I attended the deceased from June 1, 1954, to August 1, 1954, that I last saw the deceased alive on August 1, 1954, and that death occurred at 10:50 Pm., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) Earl Belle Smith, M.D. | | | | 23b. ADDRESS 2601 N. Whittier | | 23c. DATE SIGNED 8/4/54 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 24b. DATE 8/5/1954 | | 24c. NAME OF CEMETERY OR CREMATORY Oak Dale Cemetery | | 24d. LOCATION (City, town, or county) (State) St. Louis Co. Missouri | |
| DATE REC'D BY LOCAL REG. AUG 4 1954 | | REGISTRAR'S SIGNATURE Earl Belle Smith | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Chas. J. Gates 4107 Finney Ave. | | | |

(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.....
Signature of Student Embalmer

Signed *Arthur L. Heelbard*

Licensed Embalmer No. *422*

P. O. Address *4107 Ju*

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