

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED OCT 26 1954

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **8634**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE NEW MEXICO b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		c. LENGTH OF STAY (in this place) 2 WKS	c. CITY OR TOWN LAS CRUCES
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSPITAL		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) 1121 S. Almo	8308 2

3. NAME OF DECEASED (Type or Print) a. (First) ROLAND b. (Middle) c. (Last) KNOBEL			4. DATE OF DEATH (Month) (Day) (Year) SEPTEMBER 19, 1954		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED	8. DATE OF BIRTH AUG. 31, 1898	9. AGE (In years last birthday) 56	10. UNDER 1 YEAR Hours 0 Days 18 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ENGINEER		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) NEW YORK	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME LOUIS Knobel		13b. MOTHER'S MAIDEN NAME ANNA HUNT		14. NAME OF HUSBAND OR WIFE NORA Knobel	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes WORLD WAR I		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME HOSPITAL RECORD, ADDRESS	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Glomerulonephritis		DUE TO (b) Uremia			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last.			
II. OTHER SIGNIFICANT CONDITIONS		DUE TO (c) Chronic Pulmonary disease			
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 <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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 592x	

22. I hereby certify that I attended the deceased from **9-2-54**, 19___, to **9-19-54**, 19___, that I last saw the deceased alive on **9-19-54**, 19___, and that death occurred at **7:45P** m., from the causes and on the date stated above.

23a. SIGNATURE Martin G. Austin M.D. (Degree or title)		23b. ADDRESS 1515 Lafayette Avenue		23c. DATE SIGNED 9-20-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 9/23/54		24c. NAME OF CEMETERY OR CREMATORY NATIONAL Cemetery Jefferson Barracks Mo	
24d. LOCATION (City, town, or county) (State)					

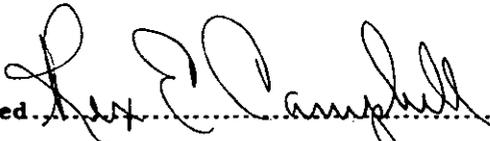
DATE REC'D BY LOCAL REG. SEP 22 1954		REGISTRAR'S SIGNATURE Charles Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Bull-Sampbell Mortuary ADDRESS 5165 Delmar St. Louis, Mo.	
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

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.....


Licensed Embalmer No. 3881

P. O. Address.....

**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.**