

No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 1 1955

State File No. 6689

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 371

1. PLACE OF DEATH
a. COUNTY CLAYTON - ST. Louis 0

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI b. COUNTY ST. LOUIS

b. CITY OR TOWN CLAYTON c. LENGTH OF STAY (In this place) 9 DAYS

c. CITY OR TOWN GLENDALE 651 d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION ST. Louis - County - Hosp.

STREET ADDRESS (If rural, give location) 811 E - ESSEX

3. NAME OF DECEASED a. (First) Bessie b. (Middle) - c. (Last) Knochelman

4. DATE OF DEATH (Month) (Day) (Year) Feb. 12, 1955

5. SEX F

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED

8. DATE OF BIRTH 2 Sept-12-1903

9. AGE (In years) (Months) (Days) (Hours) (Min.) 51 5 -

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

10b. KIND OF BUSINESS OR INDUSTRY AT-HOME

11. BIRTHPLACE (City and State or Foreign Country) CRYSTAL - CITY - MO 0

12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME SAM - GARDNER

13b. MOTHER'S MAIDEN NAME ANNA - NORRIS

14. NAME OF HUSBAND OR WIFE WILLIAM - GEORGE KNOCHELMAN

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. NONE

17. INFORMANT'S SIGNATURE OR NAME ADDRESS WANDA BOND - 306 - MOORE - Sikeston - MO

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) Multiple Sclerosis

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. Malnutrition

INTERVAL BETWEEN ONSET AND DEATH 10 years

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 345X

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) (Min.)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I, hereby certify that I attended the deceased from 2-2-1955, to 2-12-1955, that I last saw the deceased alive on 2-12-1955, and that death occurred at 8:45 a.m., from the causes and on the date stated above.

23a. SIGNATURE Charles E. Burdine M.D. (Degree or title)

23b. ADDRESS 6015 S. Brentwood, Clayton Mo

23c. DATE SIGNED 2-12-55

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

24b. DATE 2-16-55

24c. NAME OF CEMETERY OR CREMATORY NATIONAL CEMETERY

24d. LOCATION (City, town, or county) (State) Jeff. Barracks Mo.

DATE REC'D BY LOCAL REG. 2-13-55

REGISTRAR'S SIGNATURE Herbert R. Donke M.D.

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS JAY B. SMITH - MAPLEWOOD 17 - MO.

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 *Stanley H. Dixon*

Licensed Embalmer No. *419*

P. O. Address *S. L.*

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.