S. No. 300
. 10.46

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

FILED JAN 17 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2812

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 48

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): Incarnate Word Hospt

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN: St. Louis
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 3145 Hawthorne 2179

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

4. DATE OF DEATH (Month) (Day) (Year): Jan 1 1956

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Dec 16 1873
9. AGE (In years last birthday): 82 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Musician
10b. KIND OF BUSINESS OR INDUSTRY: Symphony Orchester
11. BIRTHPLACE (City and State or Foreign Country): Denmark
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: Jens Knudsen
13b. MOTHER'S MAIDEN NAME: Christian ?
14. NAME OF HUSBAND OR WIFE: ••••••••••••

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.: Dont Know
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Elsie Knudsen 3145 Hawthorne Blvd

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) Miocardial insufficiency — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Cancer of the Stomach

DUE TO (c) General arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Dec. 1955
19b. MAJOR FINDINGS OF OPERATION: Cancer of the Stomach 151K
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?

22. *I hereby certify that I attended the deceased from* 1953, 19__, *to* Jan. 1 —, 1956, *that I last saw the deceased alive on* Jan. 1 —, 1956, *and that death occurred at* 9 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John M Parato M.D.
23b. ADDRESS: 1010 McCausland
23c. DATE SIGNED: 1/3/56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan 4 1956
24c. NAME OF CEMETERY OR CREMATORY: St. Mathews Cemetery
24d. LOCATION (City, town, or county) (State): St. Louis Mo.

DATE REC'D BY LOCAL REG.: JAN 4 1956
REGISTRAR'S SIGNATURE: Karl Smith MD
MRB
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Weick Bros 2201 S. Grand Blvd.

(Licensed Embalmer's Statement on Reverse Side)

Dr. John M Parato
1010 McCausland
MI 7-1233

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Ronald O. Yahnke

Licensed Embalmer No. 391

P. O. Address St Louis

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