

FILED MAR 26 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **11706**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **541** Registrar's No. **602**

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>		
b. CITY (If outside corporate limits, write RURAL and give township) <b>Clayton</b>		c. LENGTH OF STAY (In this place) <b>7 day</b>	c. CITY OR TOWN <b>Creve Coeur</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Louis County Hospital</b>			e. STREET ADDRESS (If rural, give location) <b>Mosley Road</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>JULIA</b>		b. (Middle) <b>Isabell</b>	c. (Last) <b>KNOCHE</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 29, 1956</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Nov. 8, 1893</b>	9. AGE (In years last birthday) <b>62</b>	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) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Creve Coeur</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>					
13a. FATHER'S NAME <b>Charles Moreau</b>		13b. MOTHER'S MAIDEN NAME <b>Gussie Wittemeyer</b>		14. NAME OF HUSBAND OR WIFE <b>Roy A. Knoche</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>495-40-8498</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Roy Knoche Creve Coeur, Mo.</b>		
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) <b>Subarachnoid Hemorrhage</b>		
			INTERVAL BETWEEN ONSET AND DEATH		
			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. <b>330x</b>		
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.)		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 <b>2-29, 1956</b> , to <b>2-29, 1956</b> , that I last saw the deceased alive on <b>2-29, 1956</b> , and that death occurred at <b>5:40p m.</b> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <b>Joseph E. Cusack M.D.</b>			23b. ADDRESS <b>601 S. Brentwood, Clayton, Mo.</b>		23c. DATE SIGNED <b>3-2-56</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>3-3-1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Fee-Fee Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Pattonville, Mo.</b>		
DATE REC'D BY LOCAL REG. <b>3-2-56</b>		REGISTRAR'S SIGNATURE <b>Herbert B. Donaldson</b>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <b>2504 Woodson Rd. Overland, Mo.</b>	

(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 *David C. Gibson*.....

Licensed Embalmer No. *342*.....

P. O. Address *Oscola*.....

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