

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

FILED JUN 1 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **18145**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **4729**

1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>ILLINOIS</b> b. COUNTY <b>ST. CLAIR</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis, Mo.</b>	c. LENGTH OF STAY (in this place) <b>1 WK.</b>	c. CITY OR TOWN <b>BELLEVILLE</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>BARNES HOSPITAL</b>		e. STREET ADDRESS (If rural, give location) <b>411 SOUTH PA. AVE.</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>George</b>	b. (Middle) <b>NMN</b>	c. (Last) <b>Knowles</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>May 15 1956</b>
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5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>AUG 20 1877</b>	9. AGE (In years last birthday) <b>78</b> if UNDER 1 YEAR: Months _____ Days _____ if UNDER 2 WKS: Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED MINER</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>COAL</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>DURHAM COUNTY ENGLAND</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>GEORGE KNOWLES</b>	13b. MOTHER'S MAIDEN NAME <b>ELIZABETH ELLIOTT</b>	14. NAME OF HUSBAND OR WIFE <b>MARY E HRET</b>
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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>328-03-7499</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mary Knowles</b>	ADDRESS _____
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Bi-lateral Broncho Pneumonia</b>		<b>11 days</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Carcinoma of esophagus with Tracheo-esophageal fistula</b> DUE TO (c) _____		<b>2 1/2 mos.</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <b>150x</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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? _____
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22. I hereby certify that I attended the deceased from **May 8**, 19**56**, to **May 15**, 19**56**, that I last saw the deceased alive on **May 15, 1956**, and that death occurred at **1:35 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>C. P. Vermillion, M.D.</b>	(Degree or title) <b>M. D.</b>	23b. ADDRESS <b>BARNES HOSPITAL</b>	23c. DATE SIGNED <b>5/15/56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>5/18/56</b>	24b. DATE <b>5/18/56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>WALNUT HILL</b>	24d. LOCATION (City, town, or county) (State) <b>BELLEVILLE, ILL.</b>
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DATE REC'D BY LOCAL REG. <b>MAY 15 1956</b>	REGISTRAR'S SIGNATURE <b>J. Carly Smith M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Edgar G. Baldus</b>	ADDRESS <b>Belleville Ill</b>
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**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.....  
*Edgar A. Balda*

Licensed Embalmer No. *2*.....

P. O. Address *Bellefonte*.....

**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.