

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 26 1957

STATE FILE NUMBER 57-0-22651
5764

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR ST. LOUIS TOWN		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF, IF NOT IN HOSPITAL, give place and length of stay in lb 25 ST. LOUIS CITY HOSP. #1. INSTITUTION		d. STREET ADDRESS (If outside, give location) 226 901 Market Street. RESIDE ON FARM Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First BEATRICE Middle KNUTSON Last			4. DATE OF DEATH JUNE 17, 1957 Month Day Year
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH July 9, 1912
9. AGE (In years last birthday) 44		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Waitress	11. BIRTHPLACE (City and state or country) Mercer County, Missouri
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY Restaurant	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Jim King		14. MOTHER'S MAIDEN NAME Betty Vander Pool	
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. Unknown	17. INFORMANT Jim King, Clarence, Missouri. Address
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of breast with widespread Metastases DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 170x	
20c. TIME OF INJURY Hour (Month, Day, Year) a. m. p. m.		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION 6/17/57 6/17/57 6/17/57	
21. *I attended the deceased from 6/17/57 to 6/17/57 and last saw her alive on 6/17/57 Death occurred at 2:15 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Charles E. Hogancamp, M.D.		22b. ADDRESS 1515 LAFAYETTE AVE.	22c. DATE SIGNED 6/17/57.
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 6-20-57	23c. NAME OF CEMETERY OR CREMATORY. Maplewood Cemetery	23d. LOCATION (City, town, or county) (State) Clarence, Missouri.
24. FUNERAL DIRECTOR Albert H. Hoppe, 4700 Washington Blvd.		25. DATE RECD. BY LOCAL REG. JUN 20 57	26. REGISTRAR'S SIGNATURE J. Earl Smith, M.D. R.P.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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Disease in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

Missouri

St. Louis

101 Market Street

Mr

July 9, 1915

White

Female

Levier County, Missouri

Restaurant

Address

101 Market Street

Jim King

Missouri

UNKNOWN

MM

No

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Elmo A. Padwell*

Licensed Embalmer No. 40

P. O. Address *St. Louis*

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.

2-30-21

Removed