

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

FILED SEP 4 1957

State File No. **30356**

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 547		Registrar's No. 1867	
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give town or township) Richmond Heights		c. LENGTH OF STAY (in this place) 25 days		c. CITY OR TOWN Creve Coeur		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 St. Marys Hospital				e. STREET ADDRESS (If rural, give location) Fee Fee Road			
3. NAME OF DECEASED (Type or Print) a. (First) Hilda			b. (Middle) Knoche			c. (Last) Knoche	
4. DATE OF DEATH (Month) (Day) (Year) July 24, 1957							
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Aug. 2, 1870		9. AGE (In years last birthday) 86	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and State or Foreign Country) Creve Coeur, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Alfred A. Mathey		13b. MOTHER'S MAIDEN NAME Hilda Roy		14. NAME OF HUSBAND OR WIFE Ernst A. Dcd.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. (If yes, give year or date of service) No		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Elmer G. Knoche Creve Coeur, Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Central thrombosis				INTERVAL BETWEEN ONSET AND DEATH 3 weeks	
* This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) General arteriosclerosis				5 yrs.	
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. arteriosclerotic heart disease				3 yrs.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? <input checked="" type="checkbox"/> YES <input 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) (m.)		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 March , 1957, to July 24 , 1957 that I last saw the deceased alive on July 24 , 1957, and that death occurred at 2 p. m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) James Redington Jr M.D.				23b. ADDRESS Oliver & Old Ballas Road		23c. DATE SIGNED 7-24-57	
24a. BURIAL, CREMATION/REMOVAL (Specify) Burial		24b. DATE 7-27-1957	24c. NAME OF CEMETERY OR CREMATORY St. Pauls Ev. Cemetery		24d. LOCATION (City, town, or county) (State) Olivette, Mo.		
DATE REC'D BY LOCAL REG. 7-25-57		REGISTRAR'S SIGNATURE Herbert B. Doudle MD		25. FEDERAL DIRECTOR'S SIGNATURE William H. Bopp, Inc.		ADDRESS 2504 Woodson Rd. Overland-14-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 *Laron E. Percy*.....
3409

Licensed Embalmer No.

P. O. Address *A. Louis*.....

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.