

FILED APR 28 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-016927

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1110

300
-57
01
0

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, give TOWNSHIP only) OR TOWN Normandy, Mo.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN 4000 Woodson Terrace 0 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Normandy Osteopathic Hospital		Length of stay in lb 1 Day	d. STREET ADDRESS (If outside, give location) 4311 Lindstock Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Clara Middle Evelyn Last Knight			4. DATE OF DEATH Month April Day 22 Year 1958
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 28, 1890
9. AGE (In years last birthday) 67		IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>	IF UNDER 24 HRS. Hours <input type="checkbox"/> Min. <input type="checkbox"/>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (City and state or country) Malden, Missouri. 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Nathan M. Donica	
13b. MOTHER'S MAIDEN NAME Sarah Williams		14. NAME OF HUSBAND OR WIFE Jessie Knight	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No. Nil.		16. SOCIAL SECURITY NO. NONE	17. INFORMANT Address L. G. Knight, 4311 Lindstock, Woodson Terr.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebratory Ischemic Dem to DUE TO (b) Myocardial Infarction (Coronary Thrombosis) DUE TO (c) General Atherosclerosis			INTERVAL BETWEEN ONSET AND DEATH 4/20/58
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Cholelithiasis liver Abnormal Subcutaneous			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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.)	
20c. TIME OF INJURY Hour <input type="checkbox"/> Month, Day, Year a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from 4/15/58 to 4/24/58 and last saw her ^{her} alive on 4/22/58 Death occurred at Normandy Osteopathic Hosp. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Dr. C. W. Salerno D.O.		22b. ADDRESS 7320 Russell Rd	22c. DATE SIGNED 4/24/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 4-22-58	23c. NAME OF CEMETERY OR CREMATORY Stephens Cemetery
23d. LOCATION (City, town, or county) Malden, Mo.		(State)	
24. FUNERAL DIRECTOR Albert H. Hoppe		ADDRESS 4700 Washington, Blvd.	25. DATE RECD. BY LOCAL REG. 4-22-58
26. REGISTRAR'S SIGNATURE Herbert P. Donike M.D.			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Robert M. Murray*

Licensed Embalmer No. *3749*
P. O. Address *St. 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.