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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-041800
STATE FILE NUMBER

FILED DEC 1 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10991

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) St. Louis — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St. Louis - Little Rock Hospitals, Inc. — Length of stay in lb 40 2149

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY
c. CITY OR TOWN St. Louis — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 5557 Mardel Ave. — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First Harold Middle - H - Last Knight
4. DATE OF DEATH Month November Day 13, Year 1958

5. SEX Male 0
6. COLOR OR RACE White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH April 28, 1900
9. AGE (In years last birthday) 58 — 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) Unemployed
10b. KIND OF BUSINESS OR INDUSTRY DISTRIBUTOR
11. BIRTHPLACE (City and state or country) St. Louis, Mo. 0
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Silas Knight
13b. MOTHER'S MAIDEN NAME Sarah
14. NAME OF HUSBAND OR WIFE Nellie Irene Knight

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 494-09-0736
17. INFORMANT Nellie I Knight Address 5557 Walsh

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Emphysema, advanced
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Corplumonale
DUE TO (c) Pulmonary aedema, Acute 5271
INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Glomerulo nephritis, Chronic

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
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 11-10-58, to 11-13-58 and last saw him alive on Nov. 12, 1958
Death occurred at 12:55 Am on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Charles Knower, MD.
22b. ADDRESS 1755 S. Grand.
22c. DATE SIGNED 11/13/58.

23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL
23b. DATE 11/15/1958
23c. NAME OF CEMETERY OR CREMATORY Lakewood Park Cem.
23d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.

24. FUNERAL DIRECTOR J.L. Zeigenheim & Sons. ADDRESS 7027 Gravois Ave.
25. DATE RECD. BY LOCAL REG. NOV 15 '58
26. REGISTRAR'S SIGNATURE J. Earl Smith MD (H.T.)

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 Donald E Bing

Licensed Embalmer No. 4863

P. O. Address 7027 Grove

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.