

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-041804  
STATE FILE NUMBER

FILED NOV 18 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9792

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE CALIFORNIA b. COUNTY ST. LOUIS	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. Louis Mo		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN OAKLAND 4000
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 08 DEACONESS Hosp.		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 27 2057 HIGH
3. NAME OF DECEASED (Type or print) First Middle Last MAUD L. KNOWLES			4. DATE OF DEATH Month Day Year OCT 13 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 JUNE 9 1872
9. AGE (In years last birthday) 86		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) WIDOW	10b. KIND OF BUSINESS OR INDUSTRY AT Home	11. BIRTHPLACE (City and state or country) Tennessee	12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME ALEXANDER SPRAGUE	13b. MOTHER'S MAIDEN NAME MARY A. WILLIS	14. NAME OF HUSBAND OR WIFE JOHN W. KNOWLES	
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. None	17. INFORMANT LEONA WEIDNER OAKLAND CALIF.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) cerebral tuberculosis DUE TO (b) gen. Arteriosclerosis DUE TO (c) 332x Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH 3 days 20 years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
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 Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <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 10-10-58 to 10-13-58 and last saw her alive on 10-12-58 Death occurred at 1:15 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE J. Stuhling M.D.	(Degree or title)	22b. ADDRESS 5203 Chippewa	22c. DATE SIGNED 10-13-58
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE OCT. 14 1958	23c. NAME OF CEMETERY OR CREMATORY MOUNTAIN VIEW CEM	23d. LOCATION (City, town, or county) (State) OAKLAND CALIFORNIA
24. FUNERAL DIRECTOR Thomas Kates 2906 Garrie	ADDRESS	25. DATE RECD. BY LOCAL REG. OCT 14 '58	26. REGISTRAR'S SIGNATURE J. Earl Smith, M.D. M. J. B.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

11-1-1562

before 11-15 a.m. 1911

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 *Geo J Budd*

Licensed Embalmer No. *328*

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.