

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-011100
STATE FILE NUMBER
2308

Health,
Welfare
Public
Service

FILED MAR 20 1959

Registration District No. _____ Primary Registration District No. _____ Registrar No. _____

300
1-57
692
0

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Christian Hosp.		Length of stay in lb 12 Days	d. STREET ADDRESS 5817a Highland
3. NAME OF DECEASED (Type or print) First Wilma Middle Jean Last Knott			4. DATE OF DEATH Month 3 Day 4 Year 1959
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 17, 1924
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bookkeeper		10b. KIND OF BUSINESS OR INDUSTRY 1st Nat'l Bank	11. BIRTHPLACE (City and state or country) Green County, Ind.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME Harley G. Abrams	
13b. MOTHER'S MAIDEN NAME Iva Brown		14. NAME OF HUSBAND OR WIFE Wm. Harold Knott	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 314-20-1945	17. INFORMANT Address Wm. Harold Knott 5817a Highland
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac Decompression			INTERVAL BETWEEN ONSET AND DEATH 2 wks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Ascites			1 wd
DUE TO (c) Pneumonitis left lower lobe			1 wk
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 434.4			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 _____ 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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 11/4/58 to 3/4/59 and last saw her ^{him} alive on 3/7/59 Death occurred at 5:45 P.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>[Signature]</i> (Degree or title)		22b. ADDRESS 6917 W. Pleasant	22c. DATE SIGNED 3/6/59
23a. BURIAL, CREMATION, REMOVAL (Specify) removal - MAR. 6-1959		23b. DATE	23c. NAME OF CEMETERY OR CREMATORY Local Cemetery
23d. LOCATION (City, town, or county) Vincennes, Ind.		23e. DATE RECD. BY LOCAL REG. MAR 5 '59	
24. FUNERAL DIRECTOR Drehmann-Harral, 1905 Union Blvd.		26. REGISTRAR'S SIGNATURE <i>[Signature]</i> M. D.	

Dr. Harry J. Stein
6917 W Florissant
Ev 3-1100
Hrs. 3-5 Thurs.

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 *Albert B. Thompson*

Licensed Embalmer No. *4257*

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.