

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-031031

STATE FILE NUMBER

FILED VS AUG 2 6 1959

Registration District No. 317 Primary Registration District No. 548 Registrar's No. 2188

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Webster Groves		c. CITY OR TOWN Webster Groves	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 231 S. Gore		d. STREET ADDRESS (If outside, give location) 231 S. Gore	
3. NAME OF DECEASED (Type or print) First JOSEPH Middle GEORGE Last KNOBLES		4. DATE OF DEATH Month 8 Day 13 Year 1959	
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 7-31-1870
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Master Machinist Amer. Laundry Mchy.		11. BIRTHPLACE (City and state or country) Rochester N.Y.	
13a. FATHER'S NAME Joseph W. Knobles		14. NAME OF HUSBAND OR WIFE Lizette Knobles	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		17. INFORMANT Mrs. Q. J. Papineau	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arterio Sclerotic Heart Disease		INTERVAL BETWEEN ONSET AND DEATH 5 yrs.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Myocardial Infarction		1958	
DUE TO (c) Arterio Sclerosis		10 yrs.	
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"/>	
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.) 4200	
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____		20f. CITY, TOWN, OR LOCATION Webster Groves	
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.) 19, Mo.	
21. I attended the deceased from 1949 , to 8-13-59 and last saw ^{him} alive on 8-13-59 Death occurred at 3:45 pm m on the date stated above; and to the best of my knowledge, from the causes stated.		22c. DATE SIGNED 8-14-59	
22a. SIGNATURE <i>H. H. Aldrich M.D.</i> (Degree or title)		22b. ADDRESS 19 E. Lockwood, Webster Groves	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23c. NAME OF CEMETERY OR CREMATORY Mt. Hope Crematory	
23b. DATE 8-15-1959		23d. LOCATION (City, town, or county) (State) Rochester N.Y.	
24. FUNERAL DIRECTOR Parker-Aldrich Webster Groves Mo.		25. DATE RECD. BY LOCAL REG. 8-14-59	
		26. REGISTRAR'S SIGNATURE <i>John C. Murphy M.D.</i>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.

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 *Leslie Welch*

Licensed Embalmer No. *4395*
P. O. Address *Helster Groves*

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.