

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH -61-006647

AMENDED FILED VS MAR 7 1967 318 Primary Registration District No. 1003 Registrar's No. 1829 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY St Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN BARNES HOSPITAL		Length of stay in 1b 3 days	c. CITY OR TOWN Murphysboro Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BARNES HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1915 Brown Place Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First ARTHUR Middle J. Last KNOBLAUCH			4. DATE OF DEATH Month FEBRUARY Day 19 Year 1961			
5. SEX Male	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 3/23/1895	9. AGE (last birthday) 65	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Insurance Salesman		10b. KIND OF BUSINESS OR INDUSTRY Prudential	11. BIRTHPLACE (City and state or country) Fairbury, Illinois	12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME Henry Knoblauch		13b. MOTHER'S MAIDEN NAME Elizabeth Meyer		14. NAME OF HUSBAND OR WIFE Catherine Knoblauch		

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	17. INFORMANT Catherine Knoblauch Address 1915 Brown Pl Murphysboro, Ill
--	--

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CONGESTIVE HEART FAILURE		INTERVAL BETWEEN ONSET AND DEATH 10 YEARS
DUE TO (b) ARTERIOSCLEROTIC HEART DISEASE		30 YEARS
DUE TO (c) 420.0		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
---	--	--

19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 a.m. p.m. - - -	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 Murphysboro, Illinois		COUNTY STATE

21. I attended the deceased from **OCT. 7, 1960**, to **FEB. 19, 1961** and last saw her/him alive on **FEB. 19, 1961**
Death occurred at **2:35 PM** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>C. D. McMillan, M.D.</i> (Degree or title) M. D.	22b. ADDRESS BARNES HOSPITAL	22c. DATE SIGNED 2/20/61
---	--	------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 2/22/61	23c. NAME OF CEMETERY OR CREMATORY St Andrews	23d. LOCATION (City, town, or county) (State) Murphysboro, Illinois
--	-----------------------------	---	---

24. FUNERAL DIRECTOR Meyer-Denny Funeral Home	ADDRESS Murphysboro	25. DATE RECD. BY LOCAL REG. FEB 23 1961	26. REGISTRAR'S SIGNATURE <i>Loan Smith M.D.</i>
---	-------------------------------	--	---

DATE AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

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 left the state of Missouri unembalmed, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed


Orville J. Denny
Meyer-Denny Funeral Home Ill
Licensed Embalmer No. _____

P. O. Address Murphysboro, Ill

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.