

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23306**

ISSUED **JUL 8 - 1953**

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 541		Registrar's No. 1649	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY St. Louis		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clayton		a. STATE Missouri		b. COUNTY St. Louis	
c. LENGTH OF STAY (In this place) 100		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Brentland		d. STREET ADDRESS (If rural, give location) 9437 Tennessee			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis Co. Hospital				d. STREET ADDRESS (If rural, give location) 9437 Tennessee			
3. NAME OF DECEASED			4. DATE OF DEATH				
(First) FORNIA	(Middle) EVERETT	(Last) KNOTT	(Month) 6	(Day) 14	(Year) 1953		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH SEPT 9 1906		9. AGE (In years last birthday) 46	IF UNDER 1 YEAR	IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck driver	10b. KIND OF BUSINESS OR INDUSTRY R.C. Car Co.	11. BIRTHPLACE (City and State or Foreign Country) FREDERICKTOWN, MO		12. CITIZEN OF WHAT COUNTRY U.S.A.			
13a. FATHER'S NAME GEORGE KNOTT		13b. MOTHER'S MAIDEN NAME ELLEN BURNS		14. NAME OF HUSBAND, OR WIFE GRACE MARIE KNOTT			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, State unknown) NO		16. SOCIAL SECURITY NO. 489-14-9162		17. INFORMANT'S SIGNATURE OR NAME GRACE MARIE KNOTT			
				ADDRESS 9437 TENNESSEE OVERLAND, MO			
18. CAUSE OF DEATH							
Enter only one cause per line for (a), (b), and (c)							
MEDICAL CERTIFICATION							
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* unknown natural cause				INTERVAL BETWEEN ONSET AND DEATH unk			
ANTECEDENT CAUSES							
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) _____			
				DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS							
Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION*				20. AUTOPSY?	
						YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, other bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK? <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE Herbert R. Domke, M.D. Local Registrar				23b. ADDRESS 651 S. Brentwood Blvd.		23c. DATE SIGNED 6-25-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 6/15/53	24c. NAME OF CEMETERY OR CREMATORY underwood Cemetery		24d. LOCATION (City, town, or county) (State) FREDERICKTOWN Missouri.		
DATE REC'D BY LOCAL REG. 6-14-53		REGISTRAR'S SIGNATURE Herbert R. Domke MD		25. FUNERAL DIRECTOR'S SIGNATURE Earl Helmen			
				ADDRESS 9109 Lakeland			

P.F. (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING INK

RECEIVED 1953

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
Student Embalmer

Signed Emil Schillerman

Licensed Embalmer No. 3501

P. O. Address Overland 1470

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.