

FILED JAN 2 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

122479  
State File No. 1003  
10891  
Registrar's No.

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.			
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, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) 77 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2099			
d. FULL NAME OF HOSPITAL OR INSTITUTION 2021a De Soto Ave.				d. STREET ADDRESS (If rural, give location) 2021a De Soto Ave					
3. NAME OF DECEASED (Type or Print) Josephine Knoll			a. (First)		b. (Middle)		c. (Last)		
4. DATE OF DEATH		(Month)		(Day)		(Year)			
Dec. 19		1950							
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 4-15-173			
9. AGE (In years last birthday) 77		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Hours		IF UNDER 15 MIN. Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) Missouri			
12. CITIZEN OF WHAT COUNTRY?			13a. FATHER'S NAME Timothy Van Luik			13b. MOTHER'S MAIDEN NAME Henrietta Van Pelp			
14. NAME OF HUSBAND OR WIFE John Knoll			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. no			
17. INFORMANT'S SIGNATURE OR NAME John Knoll-2017 De Soto Ave.						ADDRESS			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Ch. Myocarditis</i> 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. <i>Senility</i>						INTERVAL BETWEEN ONSET AND DEATH 2	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office 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? <i>H22.2</i>							
22. I hereby certify that I attended the deceased from <i>Aug 4, 1950</i> , to <i>Dec. 19, 1950</i> , that I last saw the deceased alive on <i>Dec. 2, 1950</i> , and that death occurred at <i>11:45 a.m.</i> , from the causes and on the date stated above.									
23a. SIGNATURE <i>Edward J. Welshis MD</i>				23b. ADDRESS <i>3903 Olive St. Louis 8</i>		23c. DATE SIGNED <i>12-20-50</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>burial</i>		24b. DATE <i>12-22-50</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Calvary Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>St. Louis Mo.</i>			
DATE REC'D BY LOCAL REG. <i>DEC 20 1950</i>		REGISTRAR'S SIGNATURE <i>J. B. Rosater</i>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Goodhart &amp; Goodhart-2228 St. Louis</i>				

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 Me

working under my personal supervision.

Student Embalmer No.....

Signed.....  
Student Embalmer

Signed Guy W Wilkinson

Licensed Embalmer No. 3575

P. O. Address St Louis MO

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