

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **14465**  
Registrar's No. **3218**

FILED APR 25 1952  
BIRTH NO. **72857** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b> <b>2159</b>	
c. LENGTH OF STAY (If in this place) <b>1 1/2</b>		d. STREET ADDRESS (If rural, give location) <b>4247 Dewey</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Louis Childrens Hospital</b>		15	
3. NAME OF DECEASED a. (First) <b>Barton</b> b. (Middle) <b>Richard</b> c. (Last) <b>Knorr</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>4 3 52</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never married</b>		8. DATE OF BIRTH <b>10-28-51</b>	
9. AGE (In years last birthday) Months Days Hours Min. <b>3 5 3</b>		11. BIRTHPLACE (State or foreign country) <b>St. Louis, Mo.</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Infant</b>		12. CITIZEN OF WHAT COUNTRY? <b>U</b>	
10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <b>Richard L. Knorr</b>		13b. MOTHER'S MAIDEN NAME <b>Pearl Barton</b>	
14. NAME OF HUSBAND OR WIFE		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>---</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Lawrence John MD.</b>		ADDRESS <b>St. Louis</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>5 mos.</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Wernig-Holtman's Disease</b>		II. OTHER SIGNIFICANT CONDITIONS <b>None</b>			
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES			
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b)			
		DUE TO (c)			

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, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR <b>256, 2</b>	

22. I hereby certify that I attended the deceased from **11-7-1951** to **4-3-1952**, that I last saw the deceased alive on **3-29-1952**, and that death occurred at **5:25 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Lawrence John MD.</b>		23b. ADDRESS <b>337 N. Euclid.</b>		23c. DATE SIGNED <b>4/3/52</b>	
24a. BURIAL, CREMATION REMOVAL <b>4</b>		24b. DATE <b>4-7-52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Sunset Burial Park</b>	
24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Mo.</b>					

DATE REC'D BY LOCAL REG. <b>APR 7 1952</b>		REGISTRAR'S SIGNATURE <b>Carl Smith MD.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Southern Funeral Home</b>	
				ADDRESS <b>6322 S. Grand Blvd.</b>	

(Licensed Embalmer's Statement on Reverse Side)

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 \_\_\_\_\_

..... Student Embalmer No. ....  
working under my personal supervision.

Student .....  
Student Embalmer

Signed David Van Fossan

Licensed Embalmer No. 4242

P. O. Address 6322 So Grand

**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.