

No. 300
10. 48

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SL-4243 Reg. 5797
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2747
0362
REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 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 JEFFERSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN 915 N. Grand, St. Louis, Mo.		c. CITY OR TOWN IMPERIAL	
c. LENGTH OF STAY (in this place) 3 days		d. FULL NAME OF HOSPITAL OR INSTITUTION Veterans Administration Hosp.	
3. NAME OF DECEASED (Type or Print) John G. KNOLL		4. DATE OF DEATH (Month) (Day) (Year) 1-10-55	
5. SEX MALE		6. COLOR OR RACE WHITE	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH 11-07-90	
9. AGE (In years last birthday) 64		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Florist	
11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME John G. Knoll		13b. MOTHER'S MAIDEN NAME Sophia Blank	
14. NAME OF HUSBAND OR WIFE EDNA KNOLL		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW-I	
16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME VA HOSP. RECORDS, 915 N. Grand, St. Louis, 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* (a) UREMIA		INTERVAL BETWEEN ONSET AND DEATH 10 DAYS	
*This does not mean the mode of dying, such as heart failure, athenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
DUE TO (b) BILATERAL URETERAL OBSTRUCTION		UNKNOWN	
DUE TO (c) STONES IN URETERS AND RENAL PELVES		UNKNOWN	
II. OTHER SIGNIFICANT CONDITIONS		24 HOURS	
Conditions contributing to the death but not related to the disease or condition causing death. PULMONARY EDEMA			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" 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) VA		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 602X			
22. I hereby certify that I attended the deceased from 1-7-55, 19__, to 1-10-55, 19__, that death occurred at 3:19 p.m., from the causes and on the date stated above.			
23a. SIGNATURE William E. Lucas (Degree or title) WILLIAM E. LUCAS O M.D.		23b. ADDRESS VAH, 915 N. Grand, St. Louis, Mo.	
23c. DATE SIGNED 1-10-55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Jan. 14, 55	
24c. NAME OF CEMETERY OR CREMATORY St. Trinity Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE JAN 14 1955 G. J. Carl Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Heiligtag Funeral Home, Imperial, Mo.	

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

(Licensed Embalmer's Statement on Reverse Side)

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 *Elmer Helwig*

Licensed Embalmer No. *357*

P. O. Address *Imperial*

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.