

AUG 11 1939

791

Registration District No. _____

1003

Primary Registration District No. _____

Registrar's No. _____

6024

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Dejean Bros Hosp - 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 month 19 days
 (Specify whether _____)
 In this community _____
 years, months or days _____

3. (a) PRINT FULL NAME William Daniel 5403. (b) If veteran, name war no 3. (c) Social Security No. unknown4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married6. (b) Name of husband or wife Wally 6. (c) Age of husband or wife if alive 65 years7. Birth date of deceased March 18 1871
(Month) (Day) (Year)8. AGE: Years 68 Months 3 Days 18 If less than one day hr. _____ min. _____9. Birthplace unknown
(City, town, or county) (State or foreign country)10. Usual occupation Fireman

11. Industry or business _____

12. Name unknown Daniel13. Birthplace unknown
(City, town, or county) (State or foreign country)14. Maiden name unknown15. Birthplace unknown
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Mrs. Wally Daniel(b) Address 4008 Filie17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/8/39
(Month) (Day) (Year)(c) Place: burial or cremation Int. Hope18. (a) Signature of funeral director Heudler Bros Co(b) Address 7720 Michigan Ave19. (a) III 8 1939 (Date read at local registrar) (b) J. D. Biedack (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis
 (c) City or town Cardinal Heights
 (If outside city or town limits, write "RURAL")
 (d) Street No. 4008 Filie (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 6
year 1939 hour 8 minute 05 P. M.21. I hereby certify that I attended the deceased from March 11, 1939, to July 6, 1939;
that I last saw him alive on July 6, 1939;
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Carcinoma of thePeritonsillar region left lungDue to Primary site left lung

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: noneOf operations noneOf autopsy none

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____28. Signature J. D. Biedack (M. D. or other)Address 5898 Orleans Date signed 7/8/39

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.....

Wilson Collins

....., Registered Apprentice No.....

working under my personal supervision.

Signed *Wilson Collins*

Licensed Embalmer No. *3887*

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, above space should be left blank.