DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 4882
1712

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis 1
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City's Sanitarium
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 yrs (Specify whether years, months or days)

In this community 37 yrs

2. USUAL RESIDENCE OF DEACESED:

(a) State Missouri (b) County

(c) City or town St. Louis 13
(If outside city or town limits, write "RURAL")

(d) Street No. City Sanitarium
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Rhoda A. McDaniel

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex F.

5. Color or race W

6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife John J.

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Oct. 4, 1857 (Month) (Day) (Year)

8. AGE: Years 82 Months 4 Days 15 If less than one day hr. min.

9. Birthplace Missouri 0 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife 0

11. Industry or business

FATHER 12. Name Wm. Pogue 9

13. Birthplace Missouri 1 (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name Unknown

15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Jay H. McDaniel

(b) Address 1820 Kennett Pl

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/21/40 (Month) (Day) (Year)

(c) Place: burial or cremation St. Matthews Cem

18. (a) Signature of funeral director A. N. McLaughlin

(b) Address 2301 Lafayette Ave

19. (a) FEB 19 1940 (Date received local registrar) J. F. Bredeck (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 19 year 1940 hour 12 minute 05 A.M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ;

that I last saw h alive on , 19 ;

and that death occurred on the date and hour stated above.

Immediate cause of death Fracture

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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) Accident

(b) Date of occurrence Feb 14 1940

(c) Where did injury occur? St Louis Mo (City or town) (County) (State)

(d) Did injury occur in or about home or farm, in industrial place, in public place? City Sanitarium (Specify type of place)

While at work? (e) Means of injury Fall

23. Signature Alfred Henry (M. D. or other)

Address Elizabeth Crown Date signed 2.19.40

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WHITE PAPER—USE CARBON FOR MARRIED PARTNERS RECORD

I X19511

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.....

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

working under my personal supervision.

Signed Paul A. Keith

Licensed Embalmer No. 3612

P. O. Address 2317 Lafayette

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.