

Registration District No. 754

Primary Registration District No. 200

Registrar's No. 1351

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Wellston
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
6600 Ridge Ave.
(If not in hospital or institution, write street number & location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

8. (a) PRINT FULL NAME RALPH O. DANIEL.

3. (b) If veteran, name war None 3. (c) Social Security No. 498-14-2480

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased August 9, 1924.
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>16</u>	<u>10</u>	<u>17</u>	_____ hr. _____ min.

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

10. Usual occupation Electric Crane Operator.

11. Industry or business American Manganese Steel Co.

12. Name Oscar L. Daniel.

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

14. Maiden name Lottie Alemevier.

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

16. (a) Informant Mr. Oscar L. Daniel.

(b) Address 1416 Ogden Ave.

17. (a) Burial (b) Date thereof 6-29-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Weldon Springs, Mo.

18. (a) Signature of funeral director Geo. L. Pleitsch Inc.

(b) Address 5966-68 Easton Ave.

19. (a) JUN 28 1941 (Date received local health officer) DR Meyer (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Wellston
(If outside city or town limits, write "RURAL")
(d) Street No. 1416 Ogden Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? Life years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26th.
year 1941 hour 4 minute 15 P. M.

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

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Came in contact with electric switch on elec. crane at American Manganese Steel Co. Duration _____

Due to _____

Due to Puncture of heart by over-stimulation of electricity.

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

Major findings: Of operations _____

Of autopsy Yes

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

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

(b) Date of occurrence June 26, 1941

(c) Where did injury occur? Wellston, Mo.
(City or town) (County) (State)

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

While at work? _____ (Specify type of place) (e) Means of injury 3.

23. Signature Louis H. Jopp Loren (M. D. or other)

*Address Kirkwood, Mo. 6/27/41 Date signed

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

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

AUG 13 1941

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 3454

David C. Gibson, Registered Apprentice No. _____
working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 5966 Easton St.

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.