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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 3 1941

Registration District No. 789

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 35999

Primary Registration District No. 101

Registrar's No. 2196

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Clayton (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis County Hospital (If not in hospital or institution, write street number or location)

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

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17

(d) Street No. 2205 A Forrest Ave. (If rural, give location) 5

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME John Hayes Daniels

3. (b) If veteran, name war

3. (c) Social Security No. no

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Artie Daniels

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased Jan (Month) 7 (Day) 1877 (Year)

8. AGE: Years 64 Months 9 Days 22 If less than one day hr. min.

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

10. Usual occupation Carpenter

11. Industry or business

MOTHER FATHER

12. Name Washington Daneils

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

14. Maiden name Lucille Castle

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

16. (a) Informant Mrs. Artie Daniels

(b) Address 2205A Forrest Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-31-41 (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hills

18. (a) Signature of funeral director Louis H Bapp Inc

(b) Address Kirkwood, Mo.

19. (a) OCT 31 1941 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 29 year 1941 hour 8:45 minute 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 Walked into an auto while a pedestrian on a public highway. — Duration

Due to Skull fracture; subdural and subarachnoidal hemorrhage

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy Yes

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 Oct. 27, 1941

(c) Where did injury occur? 9200 Manchester Ave. (City or town) (County) (State)

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

While at work? (e) Means of injury

23. Signature Louis H Bapp (M.D. or other) D

Address Kirkwood, Mo. 10/31/41 Date signed

(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 Louis H Bopp, Registered Apprentice No. ....., working under my personal supervision.

Signed Louis H Bopp

Licensed Embalmer No. 921

P. O. Address Kirkwood 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, fact should be so stated above.