

DEC 23 1941

Registration District No. 784

Primary Registration District No. 101

Registrar's No. 2498

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 0
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether _____)
 In this community _____
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrian 4
 (c) City or town Vandalia 2
 (If outside city or town limits, write "RURAL") 1
 (d) Street No. _____ (If rural, give location) 1
 (e) Citizen of foreign country? _____ (Yes or No) _____
 If yes, name country _____

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME James Kirkum Daniel

20. DATE OF DEATH: Month Dec. day 7
 year 1941 hour 2:25 minute A. M.

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

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

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

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

Immediate cause of death While riding as a passenger in an auto that collided with another auto. on a public highway. 4
 Due to _____

7. Birth date of deceased November 12 1923
 (Month) (Day) (Year)

Due to Fractured skull & brain; ruptures of heart, liver & lungs;

8. AGE: Years Months Days If less than one day
18 0 25 hr. _____ min.

Other conditions Concussion of brain.
 (Include pregnancy within 3 months of death)

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

PHYSICIAN

10. Usual occupation Student

Major findings: Of operations _____

11. Industry or business _____

Of autopsy Yes. 1700
 Underline the cause to which death should be charged statistically.

12. Name L.B. Daniel

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

14. Maiden name Margaret A Moore

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

16. (a) Informant Cerald Daniel

(b) Address Vandalia Missouri

17. (a) Burial (b) Date thereof 12-9-41
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Vandalia Cem

18. (a) Signature of funeral director M. D. Waters

(b) Address Vandalia Missouri

19. (a) DEC 8 1941 (b) C. G. McHaron M.D.
 (Date received local registrar) (Registrar's signature)

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

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

(b) Date of occurrence Dec. 6, 1941 11!

(c) Where did injury occur? #66 & Lindbergh
 (City or town) (County) (State)

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

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

23. Signature Louis H. Doff (City or town)

Address 12/8/41 Kirkwood, Mo. Date signed _____

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

16
2
3

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. *Kidwood*

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.