

FILED MAR 1 1946 318

Registration District No. Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis Mo.

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

(c) Name of hospital or institution Barnes Hospital,  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 18 days.  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Daffron, Eugene Elmer.

3. (b) If veteran, name war Nil

(c) Social Security No. Unknown

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 April 21 1925  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>20</u>	<u>9</u>	<u>25</u>	hr. min.

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

10. Usual occupation At Home

11. Industry or business

MOTHER FATHER

12. Name Edd Daffron

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

14. Maiden name Lula Davis

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

16. (a) Informant Vernie Daffron

(b) Address Wichita, Kansas

17. (a) Removal (b) Date thereof 2-17-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Alton, Missouri

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) FEB 18 1946 (b) J. F. Bradeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Oregon

(c) City or town Thayer  
(If outside city or town limits, write "RURAL")

(d) Street No. 75  
(If rural, give location)

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

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 16  
year 1946 hour 1 minute 10 A. M.

21. I hereby certify that I attended the deceased from Jan. 28, 1945 to Feb. 16, 1946  
that I last saw him alive on Feb. 16, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic glomerulo-nephritis

Due to

Due to

Other conditions 1/21  
(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy As above

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? Alton, Missouri  
(City or town) (County) (State)

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

While at work? No  
(Specify type of place) (e) Means of injury

23. Signature J. F. Bradley (M. D. or other)

Address Barnes Hospital, Date signed 2/16/46

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

**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.....

*M J W Wilkinson*

Licensed Embalmer No.....

*3575*

P. O. Address.....

**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.**