

S. No. 2  
M-5-43  
5-17-39  
I X3667

**FILED JUN 26 1946**  
#388  
318

Registration District No. \_\_\_\_\_ Primary Registration District No. **1003** Registrar's No. **5428**

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: **St. Louis City Hospital - Max C. Starkloff**  
(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)

3. (a) PRINT FULL NAME **JOHN DANKS**  
3. (b) If veteran, name war **?** 3. (c) Social Security No. **?**

4. Sex **Male** 5. Color **White**  
6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **Unknown**  
(Month) (Day) (Year)

8. AGE: **abt 65** Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Unknown** (City, town, or county) (State or foreign country) **9**  
10. Usual occupation **Unknown**

MOTHER FATHER  
11. Industry or business \_\_\_\_\_  
12. Name **Unknown** **9**  
13. Birthplace **Unknown** (City, town, or county) (State or foreign country)  
14. Maiden name **Unknown**  
15. Birthplace **Unknown** (City, town, or county) (State or foreign country) **9**

16. (a) Informant **Rev. Madabe**  
(b) Address **Field City Mission 1041 Can**  
17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **6-19-46** (Month) (Day) (Year)  
(c) Place: burial or cremation **Concordia Cemetery**  
18. (a) Signature of funeral director **Benedictin de Jurel**  
(b) Address **1936 St. Ann St**  
19. (a) **JUN 19 1946** (Date received local registrar) **J. F. Bredeck** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Mo** (b) County **St. Louis**  
(c) City or town **St. Louis** (If outside city or town limits, write "RURAL") **28-17**  
(d) Street No. **Unknown** (If rural, give location) **9**  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **16th**  
year **1946** hour **1:20** minute **P** M.  
21. I hereby certify that I attended the deceased from **4/15/46**  
that I last saw **in** alive on **6/16/46**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Hypostatic pneumonia 2 days**  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions **Re leg ulcers - hypostatic**  
(include pregnancy within 3 months of death)  
Major findings: **None**  
Of operations \_\_\_\_\_  
Of autopsy **not obtained**  
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? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature **Mohara** (M. D. or other) **6/17/46**  
Address **1515 Lafayette** Date signed \_\_\_\_\_

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.....

*No embalming*

working under my personal supervision.

Registered Apprentice No.....

Signed *Glenn R. Watz*.....

Licensed Embalmer No. *3737*.....

P. O. Address *1936 St. Louis*.....

**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.**