

S. No. 2
DM-5-43
v. 5-17-39
I X36671

FILED #5884 1946
SEP 8 1946
Registration District No. **318**

Primary Registration District No. **1003**

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

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
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 days
(Specify whether in this community years, months or days) 11 months

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

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

(d) Street No. 3225 Montgomery Ozanam Shelter
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 1
If yes, name country _____

3. (a) PRINT FULL NAME JACK DANIELS

3. (b) If veteran, name war Unknown

3. (c) Social Security No. 43-2-09-6556

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife unknown

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

7. Birth date of deceased May 8th, ? 1892
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 24th year 1946 hour 12:55 minute P M.

21. I hereby certify that I attended the deceased from 8/16/46 to Aug. 24th 1946

that I last saw him alive on Aug. 24th 1946 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>54?</u>	<u>3</u>	<u>16</u>	hr. _____ min.

Immediate cause of death Uremia

Due to Malignant Nephrosclerosis

Due to _____

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

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

10. Usual occupation Unknown

11. Industry or business _____

MOTHER { 12. Name Walter Daniled

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

14. Maiden name Anna Unknown

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

16. (a) Informant W. Renard

(b) Address St. Louis City Hospital

17. (a) BURIAL (b) Date thereof 9-5-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY

18. (a) Signature of funeral director Cullen-Kelly

(b) Address 4386 Lydell

19. (a) SEP 5 1946 (b) Joe Bredek
(Date received local registrar) (Registrar's signature)

Major findings: Of operations _____

Of autopsy _____

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 John E. Cullen 1515 Lafayette (M, D or other) _____
Address _____ Date signed 8/26/46

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

Howard P. Rowland

Licensed Embalmer No.

3114

P. O. Address

St. Louis 8 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.