

S. No. 2  
DM-543  
v. 5-17-39  
P. 1 X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34749

State File No. \_\_\_\_\_

FILED NOV 4 1946

Registrar's No. 3196

Registration District No. 377

Primary Registration District No. 6076

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:  
7822 Natural Bridge  
(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 96

(c) City or town Normandy, Mo. 0  
(If outside city or town limits, write "RURAL")

(d) Street No. 7824 Natural Bridge 0  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) 0

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME John Gifford Danielson

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 29  
year 1946 hour 9.30 A.M. minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_

and that death occurred on the date and hour stated above.

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: August 18, 1944  
(Month) (Day) (Year)

Immediate cause of death drowning after falling into an abandoned swimming pool.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

~~XXXXXXXX~~

8. AGE: Years Months Days If less than one day

2 2 11 hr. \_\_\_\_\_ min.

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

10. Usual occupation Nil.

PHYSICIAN

Underline the cause to which death should be charged statistically.

MOTHER FATHER {

11. Industry or business \_\_\_\_\_

12. Name Victor Danielson

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

14. Maiden name Grace Haber

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

16. (a) Informant Victor Danielson

(b) Address 7824 Natural Bridge

17. (a) Removal (b) Date thereof 10/30/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chicago, Ill.

18. (a) Signature of funeral director Edith E. Ambruster

(b) Address 4234 Manchester

19. (a) 10-30-46 (b) Edith E. Ambruster  
(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 Oct. 29, 1946 96

(c) Where did injury occur? Normandy, Mo.  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Pool in neighbor's yard suffoca-  
(Specify type of place) tion

While at work? \_\_\_\_\_ Means of injury corner

3. Signature Arnold J. Willmann (M.D. or other) 3

Address Clayton, Mo. Date signed 10/30/46

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

33572

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.....

*Flora Eymek*

Licensed Embalmer No. *1284*

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