

FILED FEB 10 1947
#36408 318

1003

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County St. Louis, Missouri.

(b) City or town St. Louis, Missouri.
(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 0 (Specify whether)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County oav

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

(d) Street No. 7316 Pennoylunas
(If rural, give location)

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

3. (a) PRINT FULL NAME JOHN DANIEL

3. (b) If veteran, _____ name war _____

3. (c) Social Security No. _____

4. Sex M 5. Color or race W

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 May 31 1878
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 30th
year 1947 hour 3:15 minute P M.

21. I hereby certify that I attended the deceased from 1/21/47
_____ 19____ to _____ 19____
that I last saw him alive on 1/30/47
_____ 19____
and that death occurred on the date and hour stated above.

8. AGE: Years 68 Months 7 Days 29
If less than one day hr. min.

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

10. Usual occupation None

11. Industry or business None

MOTHER FATHER

12. Name Allen Daniel

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

14. Maiden name Unknown

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

16. (a) Informant Malcolm Daniel

(b) Address 7316 Penn.

17. (a) _____ (b) Date thereof 1/31/47
(Burial, cremation, or removal) (Month, Day) (Year)

(c) Place: burial or cremation Waiver to bury

18. (a) Signature of funeral director Fondler Paul C.

(b) Address 7420 Michigan Ave

19. (a) FEB 7 1947 (b) J. F. Predeck
(Date received local registration) (Registrar's signature)

Immediate cause of death Pulmonary Embolus. Duration

Due to Prostatectomy.

Due to _____

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

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)

(c) Means of injury _____

23. Signature C. P. Yarbrough M.D.
1515 Lafayette 1/30/47 other _____
Address Prose Z. Z. Z. Date signed _____

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

844

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 Oliver E. Fendley
Licensed Embalmer No. 4148
P. O. Address Jenney 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.