

S. No. 300
M-10-47
v. 5-17-39
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **30939**
8258
Registrar's No. _____

FILED OCT 1 1948

Registration District No. _____
Primary Registration District No. **1005**

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

1. PLACE OF DEATH:
(a) County _____
(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: City Hospital
(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 _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5017 Lotus Avenue,
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME WILLIAM J. DANAHER
(b) If veteran, name war _____
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept day 20th
year 1948 hour 8:55 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
(b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

Immediate cause of death _____
Chronic Hypertrophic Myocarditis with Coronary Occlusion
Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

7. Birth date of deceased: July 22nd 1885
(Month) (Day) (Year)
8. AGE: Years Months Days If less than one day
63 1 20 hr. _____ min.

Major findings: _____
Of operations _____
Of autopsy _____
PHYSICIAN
Underline the cause to which death should be charged statistically.

9. Birthplace: St. Louis, Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation: Clerk

11. Industry or business _____
12. Name Daniel Danaher
13. Birthplace Ireland
(City, town, or county) (State or foreign country)
14. Maiden name Alice Fitzgerald
15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. J. L. Murphy-Sister
(b) Address 5017 Lotus Avenue,
17. (a) burial (b) Date thereof 9-22-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Int. Calvary Cemetery

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? _____

18. (a) Signature of funeral director: Sullivan Brothers,
(b) Address 2849 North Euclid Avenue,
SEP 21 1948
19. (a) SEP 21 1948 (b) J. F. Brueck
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
(c) Means of injury Car
23. Signature Patricia E. Taylor Dep Carl
(M. P. or other)
Address 1500 Clark Date signed 9-21-48

Cyliner Case

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 *Elton K.A. Remelius*

Licensed Embalmer No. *4783*

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: