

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28489

State File No. 28489

Registrar's No. 7648

FILED SEP 13 1951

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003	
1. PLACE OF DEATH a. COUNTY 0			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY _____		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) _____	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2189
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Baptist Hospital			d. STREET ADDRESS (If rural, give location) 1119a Tower Grove Ave. 0		
3. NAME OF DECEASED (Type or Print) OTTO		a. (First) _____	b. (Middle) A.	c. (Last) McDANIEL	4. DATE OF DEATH (Month) (Day) (Year) Aug. 27 1951
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 8, 1885	9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Blacksmith		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) Dittmer, Mo. 0		12. CITIZEN OF WHAT COUNTRY? _____
13a. FATHER'S NAME James McDaniel		13b. MOTHER'S MAIDEN NAME Mary Flesche		14. NAME OF HUSBAND OR WIFE Mary J. McDaniel	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME Mary J. McDaniel ADDRESS 1119a Tower Grove		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic of Left Lung INTERVAL BETWEEN ONSET AND DEATH _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 163X		
22. I hereby certify that I attended the deceased from Aug 20, 1951 , to Aug 26, 1951 , that I last saw the deceased alive on 8/23, 1951 , and that death occurred at 3:20 AM , from the causes and on the date stated above.					
23a. SIGNATURE M. C. Sheets		SHEETS (degree or title)	23b. ADDRESS 428 29th Street		23c. DATE SIGNED 8/27/51
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal (Mtr)		24b. DATE 8-29-1951	24c. NAME OF CEMETERY OR CREMATORY Hillsboro Cemetery	24d. LOCATION (City, town, or county) (State) Hillsboro, Mo.	
DATE RECD BY LOCAL REG. AUG 28 1951		REGISTRAR'S SIGNATURE J. Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kriegshauser 4228 S. Kingshighway Bl.	

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

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432411

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 _____

working under my personal supervision.

Student Embalmer No.

Signed Edwin A. M. Ghermuth

Signed.....
Student Embalmer

Licensed Embalmer No. 3024

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.