

No. 300  
10-48

FILED JUL 15 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 22870  
1739

BIRTH NO.		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 531		Registrar's No. 1739	
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN University City		c. LENGTH OF STAY (in this place) 2 HRS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2059	
d. FULL NAME OF HOSPITAL OR INSTITUTION 7210 Olive Bl.				d. STREET ADDRESS (If rural, give location) 5742 Page Bl.			
3. NAME OF DECEASED (Type or Print) a. (First) Lawrence		b. (Middle) Dean		c. (Last) McDaniels		4. DATE OF DEATH (Month) (Day) (Year) June. 25, 1952	
5. SEX Male <input checked="" type="checkbox"/>		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Never Married		8. DATE OF BIRTH October. 3, 1937	
9. AGE (In years last birthday) 14		10. MARRIAGE STATUS Never Married		11. BIRTHPLACE (City and State or Foreign Country) Salem Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student		10b. KIND OF BUSINESS OR INDUSTRY none		11. BIRTHPLACE (City and State or Foreign Country) Salem Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Ralph McDaniels			13b. MOTHER'S MAIDEN NAME Bertha Cross			14. NAME OF HUSBAND OR WIFE none	
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. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Rose Carney 5742 Page Bl.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Drowning- Body discovered by one of his companions at bottom of Heman Park swimming pool, & was brought out by Wm. Bollwerk, life guard.		DUPLICATE OF (b) Heman Park swimming pool, & was brought out by Wm. Bollwerk, life guard.					
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUPLICATE OF (c) guard.					
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 134 E9294				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Swimming pool		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) University City St. Louis Mo.		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 6/25/52 3:55 P.M.	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Went in deep water and did not know how to swim					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE Arnold J. Willmann (Degree or title) Coroner				23b. ADDRESS 3 Clayton, Mo.		23c. DATE SIGNED 6/27/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6-27-52		24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem.		24d. LOCATION (City, town, or county) (State) St. Louis County Missouri	
DATE REC'D BY LOCAL REG. 6/30/52		REGISTRAR'S SIGNATURE Richard C. Douky		MEDICAL DIRECTOR'S SIGNATURE Wm. F. Smart		ADDRESS 1225 Union	

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

4066  
3

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Clement M. Neuf

Licensed Embalmer No. 3732

P. O. Address St. Louis

**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.