

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37129

State File No.

FILED OCT 30 1953

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

Registrar's No. 10142

1. PLACE OF DEATH a. COUNTY		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) St. Louis		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN St. Louis		
d. FULL NAME OF HOSPITAL OR INSTITUTION De Paul Hospital		e. STREET ADDRESS (If rural, give location) 6044 N. Point Ave.				
3. NAME OF DECEASED (Type or Print) a. (First) Dorothy b. (Middle) Lee c. (Last) Daniels			4. DATE OF DEATH (Month) (Day) (Year) Oct. 24, 1953			
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH Aug. 1, 1935		9. AGE (In years last birthday) 18	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student		10b. KIND OF BUSINESS OR INDUSTRY School		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.		
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Robert Daniels		13b. MOTHER'S MAIDEN NAME Beatrice Atting		
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none		16. SOCIAL SECURITY NO. none		
17. INFORMANT'S SIGNATURE OR NAME Robert Daniels		18. ADDRESS 6044 N. Pointe				
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchitis</u> ANTECEDENT CAUSES DUE TO (b) <u>Naso Pharyngitis</u> DUE TO (c) <u>Polio myelitis & paralysis of all extremities</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH <u>3 da</u> <u>7 da</u> <u>4 yr.</u>	
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) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>470XC</u>		
22. I hereby certify that I attended the deceased from <u>5 June, 1953</u> to <u>24 Oct, 1953</u> , that I last saw the deceased alive on <u>23 Oct, 1953</u> , and that death occurred at <u>12:30 a.m.</u> , from the causes and on the date stated above.						
23a. SIGNATURE (Degree or title) <u>Eugene W. Hall, MD</u>		23b. ADDRESS <u>2580 Florissant Rd</u>		23c. DATE SIGNED <u>24 Oct 53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE <u>10/26/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>		
24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>		DATE REC'D BY LOCAL REG. <u>OCT 26 1953</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith MD</u>		
25. FUNERAL DIRECTOR'S SIGNATURE <u>Buchholz-Koeller</u>		ADDRESS <u>5967 W. Florissant</u>				

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

- 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.....
Signature of Student Embalmer

Signed.....
W. Fred A. Buehler

Licensed Embalmer No.....
4153

P. O. Address.....
A. Jones

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.