

FILED DEC 16 1954  
*Carroll*

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42300

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **10785**

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) <b>St. Louis, Mo.</b>		c. LENGTH OF STAY (in this place) <b>DOA</b>	c. CITY OR TOWN <b>St. Louis,</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Enroute City Hospital</b>		STREET ADDRESS (If rural, give location) <b>4310a Maryland Ave. 2199 0</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Charles</b>		b. (Middle)	c. (Last) <b>Danley</b>
4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 22, 1954</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Sept. 11, 1928</b>
9. AGE (In years last birthday) <b>26</b>		IF UNDER 1 YEAR Months Days	IF UNDER 1 HRA. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Painter</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Painting</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Amarillo, Texas</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			
13a. FATHER'S NAME <b>Charles Danley</b>		13b. MOTHER'S MAIDEN NAME <b>Lavana Cavner</b>	14. NAME OF HUSBAND OR WIFE <b>Peggy Danley</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No.</b>		16. SOCIAL SECURITY NO. <b>Nil.</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Peggy Danley, 1902a Angelica Ave.</b>
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 <b>Fracture of skull; Subdural Hemorrhage; when deceased was found dead in arway in rear of 4307 Maryland Ave., about 9:20 a.m., November 22, 1954. suffered in some unknown manner at the hands of party or parties.</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Unknown.</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	INTERVAL BETWEEN ONSET AND DEATH <b>None.</b>
20a. ACCIDENT SUICIDE OR HOMICIDE (Specify) <b>Homicide</b>		20b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Arway</b>	20c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>St Louis Mo</b>
21a. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>Nov 22 54 9:20 a.m.</b>		21b. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21c. HOW DID INJURY OCCUR? <b>E983 X</b>
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 <b>10:50 a.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Patrick F. Taylor</b> (Degree or title)		23b. ADDRESS <b>1300 Clark</b>	23c. DATE SIGNED <b>11-26-54</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>11-28-54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park Cem.</b>
24d. LOCATION (City, town, or county) (State) <b>St. Louis, County, Mo.</b>			
DATE REC'D BY LOCAL REG. <b>NOV 26 1954</b>		REGISTRAR'S SIGNATURE <b>Charles Smith</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Albert H. Hoppe 4700 Washington.</b>

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 *Charles R. Padua*.....

Licensed Embalmer No. *407*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.