

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23636

FILED AUG 2 - 1955

State File No.

318

1003

5453

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY _____

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) 2-days

c. CITY OR TOWN St. Louis

d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSPITAL

f. STREET ADDRESS (If rural, give location) 1399a Burd Ave.

2069

3. NAME OF DECEASED (Type or Print) a. (First) NICHOLAS b. (Middle) _____ c. (Last) DANIELS 4. DATE OF DEATH (Month) (Day) (Year) JUNE 21, 1955

5. SEX M.

6. COLOR OR RACE W.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M.

8. DATE OF BIRTH April 5, 1874

9. AGE (in years last birthday) 81

IF UNDER 1 YEAR Months 2 Days 16 IF UNDER 1 HR. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maintenance Man- Railway Ex. Bldg.

10b. KIND OF BUSINESS OR INDUSTRY _____

11. BIRTHPLACE (City and State or Foreign Country) Italy

12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Fideles Daniele

13b. MOTHER'S MAIDEN NAME Unknown Unknown

14. NAME OF HUSBAND OR WIFE Mrs. Lina Daniels

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no

16. SOCIAL SECURITY NO. 493-24-1328

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Mary Money, 5616 Theodosia

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARCINOMA OF ASCENDING COLON
ANTECEDENT CAUSES 2 ANEMIA DUE TO BLOOD LOSS
DUE TO (b) _____
DUE TO (c) _____
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ARTHRITIC HEART DISEASE

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION _____

20. AUTOPSY? YES NO

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) _____

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? 153X

22. I hereby certify that I attended the deceased from 6-18-55, 19____, to 6-21-55, 19____, that I last saw the deceased alive on 6-21-55, 19____, and that death occurred at 5:30A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Paul M. Larson M.D.

23b. ADDRESS 1515 Lafayette Avenue

23c. DATE SIGNED 6-21-55

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE June 21, 1955

24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery

24d. LOCATION (City, town, or county) (State) St. Louis, Mo.

DATE REC'D BY LOCAL REG. JUN 23 1955

REGISTRAR'S SIGNATURE Carl Smith Registrar

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Donnelly 3840 Lunelle Blvd.

(Licensed Embalmer's Statement on Reverse Side)

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 *Francis Williamson*

Licensed Embalmer No. *350*

P. O. Address *3840 Le*

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.