

FILED JAN 6 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41961

1003

State File No.

11472

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO.		Registrar's No. 11472	
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 town OR TOWN) St. Louis		c. LENGTH OF STAY (In this place) 23		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION. Missouri Pacific Hospital				e. STREET ADDRESS (If rural, give location) 3937 Dyer Place 201A			
3. NAME OF DECEASED (Type or Print)		a. (First) Joseph		b. (Middle) John		c. (Last) Daniels	
4. DATE OF DEATH		(Month) Dec		(Day) 25		(Year) 1955	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH July 4 - 1915	
9. AGE (In years last birthday) 60		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Days		IF UNDER 1 MIN. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Switch man		10b. KIND OF BUSINESS OR INDUSTRY Terminal RR.		11. BIRTHPLACE (City and State or Foreign Country) Chicago, ILL.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME UNKNOWN		13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE Agnès			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY 702-12-6194		17. INFORMANT'S SIGNATURE OR NAME I. del Valle M.D.		ADDRESS Mo. Pac. Hosp.	
18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		Carcinomatosis					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		Antecedent Causes Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized Carcinomatosis of stomach. DUE TO (c)					
19a. DATE OF OPERATION Dec 15-1955		19b. MAJOR FINDINGS OF OPERATION Generalized, intra abdominal Carcinomatosis				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) 151K		(STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 12-20, 1955, to 12-25, 1955, that I last saw the deceased alive on 12-24, 1955, and that death occurred at 10:00 a.m., from the causes and on the date stated above.							
23a. SIGNATURE I. del Valle		(Degree or title) M.D.		23b. ADDRESS 1755 La Grand		23c. DATE SIGNED 12-27-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 12/20/55		24c. NAME OF CEMETERY OR CREMATORY NEW ST MARCUS		24d. LOCATION (City, town, or county) (State) ST LOUIS COUNTY MO	
DATE REC'D BY LOCAL REG. DEC 29 1955		REGISTRAR'S SIGNATURE Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS MOYDELL FUNERAL HOME 1926 OLIVER			

(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 me....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed George J. Sobocla Jr.
Licensed Embalmer No. 489

P. O. Address 1926 Allen

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.