

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-034133

STATE FILE NUMBER

9015

FILED OCT 14 1958 Registration District No. 318 Primary Registration District No. 1003 Registrant No. 9015

300
1-57

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY OR TOWN ST. LOUIS		c. CITY OR TOWN University City 4356	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Lukes Hospital		d. STREET ADDRESS 1317 Midland Drive	

3. NAME OF DECEASED (Type or print) First MIDDLE Last CORA A. DANLEY.			4. DATE OF DEATH Month Day Year Sept. 17, 1958		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 25, 1873	9. AGE (In years last birthday) 85	10. F UNDER 1 YEAR Months Days	11. IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife clerk	10b. KIND OF BUSINESS OR INDUSTRY At home, clerk	11. BIRTHPLACE (City and state or country) Everett, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Henry Lee Masters.	13b. MOTHER'S MAIDEN NAME Martha Jane McCoy.	14. NAME OF HUSBAND OR WIFE Joseph W. Danley.
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) No NONE	16. SOCIAL SECURITY NO. 515-24-1185	17. INFORMANT Address Mrs. Hazel Lee Strain. 1317 Midland Drive
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Rupture of abd. aorta aneurysm Gen. arteriosclerosis DUE TO (b) 451x DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH 10 d 10 + yrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from Death occurred at	Oct 18, 1954 to Sept 17, 1958 and last saw her alive on Sept 16, 1958
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22a. SIGNATURE John L. Horner	(Degree or title) M.D.	22b. ADDRESS 114 N. Taylor St. St. Louis 8	22c. DATE SIGNED 9-18-58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Sept. 19, 1958	23c. NAME OF CEMETERY OR CREMATORY Hiram Burial Park,	23d. LOCATION (City, town, or country) (State) St. Louis County, Missouri.
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24. FUNERAL DIRECTOR C.R. Lupton & Sons; 7233 Delmar Blvd;	ADDRESS	25. DATE RECD. BY LOCAL REG. SEP 18 '58	26. REGISTRAR'S SIGNATURE J. Ethel Smith, M.D. S.P.
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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Arnold W. Schoene*

Licensed Embalmer No. *3864*
P. O. Address *St. Louis, Mo.*

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.