SSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-61-

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2705 STATE FILE NUMBER 10646

FILED MAR 30 1961

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MO.
Length of stay in 1b: 20 Years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSP # 1
Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo
b. COUNTY
c. CITY OR TOWN St.Louis
Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 3820 So.Broadway
Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First: GUSTAF Middle: Nicholaus Last: DANIELSON
4. DATE OF DEATH Month: MARCH Day: 18, Year: 1961
5. SEX: Male
6. COLOR OR RACE: White
7. Married [ ] Never Married [ ] Widowed [ ] Divorced [X]
8. DATE OF BIRTH: 1/4/1880
9. AGE (last birthday): 81
IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Midwest Piping Co
11. BIRTHPLACE (City and state or country): Arling Warmland,Sweden
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Unknown
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: None
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.
17. INFORMANT: Mr Carl G.Danielson Address: Van Buren,Maine 28 Fulton ST.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Pneumococcal meningitis — INTERVAL BETWEEN ONSET AND DEATH: 2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Pneumococcal pneumonia — 2 days
DUE TO (c) 493X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. [ ] Yes [✓] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [✓] NO [ ]
20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 3-17-61 at 8:25 PM, to 3-18-61 and last saw her/him alive on 3-18-61
Death occurred at 8:30 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) W. Yates Trotter Jr. M.D
22b. ADDRESS 1515 LAFAYETTE AVE.
22c. DATE SIGNED 3-18-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 3/22/61
23c. NAME OF CEMETERY OR CREMATORY Laurel Hill Gardens
23d. LOCATION (City, town, or county) (State) St.Louis Co,Missouri

24. FUNERAL DIRECTOR Alexander & Sons ADDRESS 6175 Delmar Blvd
25. DATE RECD. BY LOCAL REG. MAR 21 1961
26. REGISTRAR'S SIGNATURE Hoad Smith, M.D.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

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 J. Allen Davis Jr

Licensed Embalmer No. 483

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.