

MISOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

13084

1. PLACE OF DEATH

County.....

Registration District No.....

791

Township.....

Primary Registration District No.....

1003

City St. Louis, Mo.

(No. En Route to City Hosp)

File No.....

Registered No. 3641

St. Ward)

2. FULL NAME Archie Daniels

(a) Residence. No. St., 23 Ward. Fayetteville Ark
(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m. 4. COLOR OR RACE w. 5. SINGLE, MARRIED, WIDOWED OR DIVORGED. (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. about 22

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer 207M
(b) General nature of industry, business, or establishment in which employed (or employer).
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Not known (STATE OR COUNTRY)

10. NAME OF FATHER Not known

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Not known (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Not known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Not known (STATE OR COUNTRY)

14. INFORMANT Arthur G. Gochel (Address) 2623 Cherokee St.

15. FILED 25 M. C. Stark REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 23 1929

17. I HEREBY CERTIFY, That I attended deceased from 19....., to 19....., and that (that I last saw h..... alive on..... 19....., and that death occurred, on the date stated above, at..... 8 a. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Shock & injuries
Fractured skull
Struck by Steam Railroad

CONTRIBUTORY (SECONDARY) No Auto Involved
Accident

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH

8 1880 DID AN OPERATIVE PRECEDENT DATE OF
WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) J. W. Finner, M.D.
3/25/29 (Address) Dep. Coron

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Fayetteville Ark. DATE OF BURIAL 3-25-1929

20. UNDERTAKER Ziegenhein Bros. 2623 Cherokee ADDRESS

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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