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.

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

Do not use this space.

29912

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1603 Registered No. 8965

City St. Louis, (No. Mo. Pac. Hosp. Missouri Pacific tracks St. ..... Ward)

2. FULL NAME Louis McDaniel,

(a) Residence, No. 1519 Graham av., St., 4 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1897-2-26

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
~~33~~ 34	5	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman,
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Locomotive
10. Date deceased last worked at this occupation (month and year) 8-19-31
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gumbo, Mo.

FATHER

13. NAME G. A. McDaniel,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nefferson Co.? Mo.

MOTHER

15. MAIDEN NAME Augusta Hartung,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gumbo, Mo.

17. INFORMANT (ADDRESS) Gladys McDaniel 1519 Graham st.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hilltown, Mo. DATE 8-22-31. 19

19. UNDERTAKER (ADDRESS) Robert Glimbrush, Tex. 6633 Clayton Rd.

20. FILED 8-21 19 Max C. Starkloff Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 19th, 19 31

22. I HEREBY CERTIFY, That I attended deceased from No Physician in Attendance, 19..., to ....., 19...

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 11:15 A. m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Shock & Injuries
Fractured Skull
195

Other contributory causes of importance:

Manner and Cause of Same Not Ascertained

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury 8-19- 19 31
Where did injury occur? St. Louis, Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Missouri Pacific R. R. tracks
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) J. W. Kerner, ~~M. D.~~
(Address) Dep. Coroner 8/20/31