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.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 21075

Township ..... Primary Registration District No. 1003 Registered No. 4790

City St. Louis Children's Hospital 500 So. Kingshighway St. Louis St. Missouri Ward)

2. FULL NAME Daniels, Norman Jr.

(a) Residence, No. Manchester Rd + Simmons Ave. St., Kirkwood, Ward, Missouri (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. 12 How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-2-31

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
1	10	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Missouri

FATHER

13. NAME Norman DANIELS

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER

15. MAIDEN NAME Lillian Millison

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Missouri

17. INFORMANT (ADDRESS) R. F. Anthony 500 So. Kingshighway St. Louis, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill DATE 6-3 1933

19. UNDERTAKER (ADDRESS) Louis H. Bopp Kirkwood Mo

20. FILED JUN -1 1933 19 J. H. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

2

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-1, 1933

22. I HEREBY CERTIFY, That I attended deceased from 5-21, 1933, to 6-1, 1933

I last saw him alive on 6-1, 1933. Death is said to have occurred on the date stated above, at 4 10 a.m.

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

Date of onset

Empyema ✓

10 10

Other contributory causes of importance: pneumonia, lobar

Name of operation thoracotomy Date of 5-26-33

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) W. E. Kerter, M. D.

(Address) 500 So Kingshighway