WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

24527

AUG 9 1935

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1. PLACE OF DEATH

County ..... Registration District No. 1003 File No. .....

Township ..... Primary Registration District No. ..... Registered No. 5911

City St. Louis (No. Jewish Hospital St. ..... Ward)

2. FULL NAME Louisa Meyer McDaniel

(a) Residence, No. 5022 Claxton Cir. St., ... Ward. (If not resident, 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: Female
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: George McDaniel

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan 20, 1872

7. AGE: 63 YEARS, MONTHS: 5, DAYS: 18. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home
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 Mo

FATHER

13. NAME: Ben Meyer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): West Indies

MOTHER

15. MAIDEN NAME: Lena Dumbach
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Not Known

17. INFORMANT (ADDRESS): George McDaniel 5022 Claxton Cir.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Lake Charles Burial Park DATE: July 11, 1935

19. UNDERTAKER (ADDRESS): Matt Hermann Mg Son 461 East Fair Avenue

20. FILED JUL 10 1935, 19 ..... J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 8, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan, 1934, to July 8, 1935
I last saw her alive on July 8, 1935. Death is said to have occurred on the date stated above, at 7:12 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-Sclerotic heart disease	1933
Other contributory causes of importance: Chronic nephritis	1933

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Name of operation: None Date of .....
What test confirmed diagnosis? Clinical 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? No
If so, specify .....
(Signed) Lister Tuholske, M. D.
(Address) 453 N. Taylor