

AUG - 5 1937

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

Do not use this space.

1. PLACE OF DEATH

County.....² Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **St. Louis** (No. **1926 Dodier Street**)

File No. **25228**
Registered No. **6402**
St. Ward)

2. FULL NAME **George A. Danner**
(a) Residence, No. **1926 Dodier Street** St. **26** Ward.
(Usual place of abode) (If nonresident, give city or town and State)
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

MEDICAL CERTIFICATE OF DEATH

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 **Amanda Danner**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Nov. 6, 1884**
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
52 7 24

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **6-30, 1937**
22. I HEREBY CERTIFY, That I attended deceased from **6-25, 1937, to 6-30, 1937**
I last saw h. **un** alive on **6-30, 1937** Death is said to have occurred on the date stated above, at **4 P. M.**
The principal cause of death and related causes of importance were as follows:
Carcinoma Lung ^{Date of onset} **1937**

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

Other contributory causes of importance:
H7B

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis Missouri**
13. NAME **George Danner**
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis Missouri**
15. MAIDEN NAME **Carrie Crossman**
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Mascoutah Illinois**

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

17. INFORMANT **Amanda Danner** (ADDRESS) **1926 Dodier**
18. BURIAL, CREMATION, OR REMOVAL PLACE **Bellefontaine Cem. July 3, 1937**

24. Was disease or injury in any way related to occupation of deceased? **No**
If so, specify **Chester Abel** (Signed) **Walter Bede**, M. D.
(Address) **Walter Bede**

19. UNDERTAKER **Beiderwieden Funeral Home** (ADDRESS) **1936 St. Louis Ave.**
20. FILED **JUL 2 1937** Registrar.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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