

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

35788  
Do not use this space.

NOV 15 1937

791 9

1003 1

Registered No. 9365

1. PLACE OF DEATH

- (a) County ..... Registration District No. ....  
 (b) Township ..... Primary Registration District No. ....  
 (c) City of St. Louis ..... (d) Street No. Lafayette Park ..... St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Ernest E. McDaniel

- (a) Residence, No. 1515 Missouri ..... St. 23 .....  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 Husband of Gladys		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 19 1879		
7. AGE 58	YEARS 1	MONTHS 17
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Salesman		9. Industry or business in which work was done, as law mill, bank, etc. Auto
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) Kentucky

13. NAME Issac McDaniel

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

15. MAIDEN NAME Fannie Robinson

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

17. INFORMANT (ADDRESS) Dennis McDaniel 460 N. 9th St., E. St. Louis

18. BURIAL, CREMATION, OR REMOVAL PLACE Murray Ky. DATE Oct 9 1937

19. FUNERAL DIRECTOR (ADDRESS) W. M. McLaughlin 2501 Lafayette Avenue

20. F. OCT 7 1937 J. H. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 6 1937

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h. .... alive on ..... 19..... Death is said

to have occurred on the date stated above, at 6:50 A.M.

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

Carbolic Acid poisoning  
Self administered in  
Lafayette Park, on October  
6, 1937 time unknown

Other contributory causes of importance:

Name of operation ..... Date of .....  
 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 10/6 1937

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

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

Manner of injury Carbolic Acid

Nature of injury Poisoning

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

If so, specify

(Signed) W. J. Perry M. D.

(Address) Deputy Coroner

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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STATEMENT BY LICENSED EMBALMER

I, L. Q. Cooper, Licensed Embalmer No. 3633

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

..... L. E. ....

No. .... or by ..... Registered Apprentice No. ....

working under my personal supervision.

Signed L. Q. Cooper

Licensed Embalmer No. 3633

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**