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.

REC'D JUN 9 1938

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

3 691

16437
Do not use this space.

1. PLACE OF DEATH

(a) County .....

(b) Township .....

(c) St. Louis

2 Registration District No. 1003

Primary Registration District No. .....

Registered No. 4298

(d) Street No. Foot of Lesperance St. Mississippi River
(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 Floyd McDaniel 235

(a) Residence, No. 805 Cedar St. St. NR Cairo, Illinois
(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 Addie

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 17, 1912

7. AGE: Years 25 | Months 4 | Days 5 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Deck Hand

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

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) East Prarie, Mo. 6

FATHER

13. NAME Nathan McDaniel 0

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri. 0

MOTHER

15. MAIDEN NAME Maggie Denning

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

17. INFORMANT Mrs. Addie McDaniel
(ADDRESS) 805 Cedar st. Cairo, Ill.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Cairo, Illinois DATE May 12, 1938

19. FUNERAL DIRECTOR C. Hoffmeister U. & L. Co.
(ADDRESS) 814 S. Broadway

20. FILED MAY 10 1938 J. H. Bucher Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 22, 1938

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 7:30 P. m.

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

Date of onset

Asphyxiation due to drowning; being employed on the Steamer Iowa making tow at foot of Lesperance Street, March 22, 1938 7:30P.M. Manner and Cause could not ascertained.

Other contributory causes of importance:

J. B. 8
J. 4

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? drowning Date of injury 3-22, 1938

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

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

Manner of injury .....

Nature of injury .....

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

If so, specify .....

(Signed) Joseph M. Dunn, M. D.

(Address) Dogwoody Course

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, George W. Hoffmeister, Licensed Embalmer No. 2426

hereby certify that the body recorded on the reverse side of this certificate was embalmed by L.C.hoffmeister 387I

L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed Geo. W. Hoffmeister

Licensed Embalmer No. 2426

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