

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

4669  
Do not use this space.

791  
1003

Registered No. 1362

DECEMBER 13 1939

1. PLACE OF DEATH

- (a) County ..... Registration District No. ....  
 (b) Township ..... Primary Registration District No. ....  
 (c) City St. Louis Missouri (d) Street No. Faith Hospital 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. mo. da. (f) How long in U. S., if of foreign birth? yrs. mo. da.

2. PRINT FULL NAME Ellen McDaniel

- (a) Residence, No. 6600 Washington Blvd. St. NR  
 (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John E. Mc Daniel

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 4, 1848

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, .....hrs. or .....min.
	<u>90</u>	<u>3</u>	<u>5</u>	

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
 9. Industry or business in which work was done, as 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. Peter's Missouri

FATHER 13. NAME Louis Dubois  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown France

MOTHER 15. MAIDEN NAME Unk. North  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown France

17. INFORMANT Louis Dubois  
 (ADDRESS) Wentzville Missouri

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Wentzville Mo. DATE Feb. 13, 1939

19. FUNERAL DIRECTOR (NAME) Pitman Funeral Home  
 (ADDRESS) Wentzville Missouri

20. FILED FEB 11 1939  
J. B. Bruleck  
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 9, 1939

22. I HEREBY CERTIFY, That I attended deceased from DEC 5, 1938, to FEB 9, 1939  
 I last saw her alive on FEB 9, 1939 Death is said to have occurred on the date stated above, at 10:30 p.m.  
 The principal cause of death and related causes of importance were as follows:  
Chronic nephritis  
Chronic myocarditis

Other contributory causes of importance:  
not known

Name of operation none Date of ✓  
 What test confirmed diagnosis? Laboratory 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 no  
 (Signed) H. H. Miller, M. D.  
 (Address) 8x12 N. Broadway

Date of onset 5  
9

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed *J. G. Sullivan*.....

Licensed Embalmer No. *1122*.....

P. O. Address *4704 Wash Blvd*.....

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

If this body is not embalmed, above space should be left blank.