

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

36446

Do not use this space.

REC'D NOV 9 1939

1. PLACE OF DEATH
 (a) County Jefferson Registration District No. 425
 (b) Township Wesmoreland Primary Registration District No. 5380
 (c) City Jefferson (d) Street No. _____ 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 Edward M. Daniels 235
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

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) Single
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 16, 1887
 7. AGE YEARS 52 MONTHS 8 DAYS 14 If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 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) German
 FATHER 13. NAME Lafayette M. Daniels
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) German
 MOTHER 15. MAIDEN NAME Emma Guenzler
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
 17. INFORMANT (ADDRESS) H. M. Lewis
 18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary, St. Clair DATE Oct 2, 1939
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Early & Lewis
 20. FILED 30 Sep 1939 Janice A. Womack Local Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 30, 1939
 22. I HEREBY CERTIFY, That I attended deceased from May 27, 1939 to Sept 27, 1939.
 I last saw him alive on Sept 27, 1939. Death is said to have occurred on the date stated above, at 10 a. m.
 The principal cause of death and related causes of importance were as follows:
Chronic Parenchymatous Nephritis about a year duration Date of onset 1931
 Other contributory causes of importance Chorea at his life
Paracentesis abdominalis performed
 Name of operation of time 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 _____, 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) John F. Kaiser, M. D.
 (Address) Delmar, Mo.

N. E.—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. M. Levent

Licensed Embalmer No. *3601*

P. O. Address. *St. Clair, Mo.*

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.)

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