

Registration District No. **7911**

Primary Registration District No. **1003**

Registrar's No.

1. PLACE OF DEATH:
(a) County 2
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 4283 Ashland Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State MO. (b) County _____
(c) City or town St. Louis 10
(If outside city or town limits, write "RURAL")
(d) Street No. 4283 Ashland Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Philomena Daake,
3. (b) If veteran, name war No
3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec. day 25
year 1940 hour 7.25 minute A.M. M.

4. Sex female 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife John Daake 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Feb. 12, 1858.
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 24, 1932, to Dec. 25, 1940.
that I last saw her alive on Dec. 24, 1940.
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
82 10 13 hr. min.

Immediate cause of death Chr. Generalized Arteriosclerosis, Chr. Coli-cystitis, Chr. Myocarditis, Chr. Interstitial Nephritis. Duration About 8 yrs.
* Due to Failure, Uremic Coma About 1 mo.
* ATLS Sanile type

9. Birthplace Florissant, Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Retired

Other conditions _____
(Include pregnancy within 3 months of death)
Major findings: Of operations None
Of autopsy None

11. Industry or business _____
MOTHER FATHER { 12. Name Marcus Beller
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Mary Klockmeyer
15. Birthplace Germany
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

16. (a) Informant Mrs. Steve J. Winter
(b) Address 4283 Ashland Ave.
17. (a) Burial (b) Date thereof Dec 28/40.
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Florissant, Mo.

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

18. (a) Signature of funeral director Jos. W. Clark
(b) Address 1125 Hodiamont Ave.
19. (a) DEC 27 1940 (b) J. H. Brudick
(Date of local registrar) (Registrar's signature)

23. Signature D. L. ... (M. D. or other) M.D.
Address 3718 Jennings Rd., Pine Lawn Date signed 12-26-40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

D.
L.B. Fernon
3718 Jennings Road

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.....
Licensed Embalmer No..... 3225

P. O. Address 1125 Hodiament Ave.

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, fact should be so stated above.