

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis Country Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 18 days
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Glencoe Rural Route # 1
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 14
year 1942 hour 11 minute :05p.M.
21. I hereby certify that I attended the deceased from 6-26-42
_____ 19____ to 7-14-42 19____
that I last saw her alive on 7-14-42 19____
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Cardiac Failure Duration 2 days
(55) Tumor of abdomen 1 mo
(nature unspecified)
Due to _____
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death) 5721
Major findings: _____
Of operations _____
Of autopsy Not done
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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? _____

While at work? _____ (Specify type of place)
(c) Means of injury _____
23. Signature John J. Mattheis (M. D. or other)
Address St. Louis County Hosp Date signed 7/15/42

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife John McDaniel 6. (c) Age of husband or wife if alive ? years
7. Birth date of deceased March 26 1884
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
58 3 18 _____ hr. _____ min.

9. Birthplace Glencoe Mo.
(City, town, or county) (State or foreign country)
10. Usual occupation housewife

11. Industry or business _____
12. Name Zack Reed
13. Birthplace Franklin County Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Margaret Brockman
15. Birthplace Glencoe Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant John McDaniel
(b) Address Glencoe, Mo. R.R. # 1
17. (a) Burial (b) Date thereof July 18-1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Bethel Cem. Pond, Mo.
18. (a) Signature of funeral director Schrader Funeral Home
(b) Address Ballwin, Mo.

19. (a) JUL 17 1942 (b) C. J. McDaniel
(Date received local registration) (Registrar's signature)

96 9787
AUG 6 1942
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUN 28 1942

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... *Harry Schrader*
Licensed Embalmer No. *2091*
P. O. Address *Ballwin 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, fact should be so stated above.