V. S. No. 2
50M—5-42
Rev. 5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 10 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 3478

Registration District No. 784 Primary Registration District No. 112 Registrar's No. 60

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Rock Hill Village
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Marys Hospital. 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County 96 0
(c) City or town Rock Hill Village 0
(If outside city or town limits, write "RURAL")
(d) Street No. 613 County Hill
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME John T. McDaniel

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex M.

5. Color or race W

6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased December (Month) 12, (Day) 1942 (Year)

8. AGE: Years 0 Months 0 Days 26 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) 0 (State or foreign country)

10. Usual occupation Nil

11. Industry or business

FATHER
12. Name John T. McDaniel
13. Birthplace St. Louis (City, town, or county) Mo. 0 (State or foreign country)

MOTHER
14. Maiden name Orline Callon
15. Birthplace St. Louis. (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant John T. McDaniel
(b) Address 613 County Hill Drive

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 9, 43 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery.

18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3846 Lindell Blvd

19. (a) JAN 9 - 1943 (Date received local registrar) (b) C. G. McFarren M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 8th. year 1943 hour minute M.

21. I hereby certify that I attended the deceased from DECEMBER 19 1942 to JANUARY 9 1943; that I last saw him alive on JANUARY 7 1943 and that death occurred on the date and hour stated above.

Immediate cause of death BRONCHOPNEUMONIA — Duration
PARENTERAL DIARRHOEA

Due to RHINITIS ACUTE
PHARYNGITIS ACUTE

Due to PREMATURITY
DIET REGULATION

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

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? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature A. A. Hafermann (M. D. or other)
Address 16 N. Gore Date signed 1-8-43

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was Not embalmed by me, or by.....

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

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.