

No. 2
-2-43
5-17-39
X33867

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40202

FILED JAN 4 1944
Registration District No. 318

Primary Registration District No. 1003

Registrar's No. _____

1. PLACE OF DEATH:

(a) County: _____

(b) City or town: St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Christian Hospital
(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: 11754

(a) State: Missouri (b) County: _____

(c) City or town: St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 4817 Bulwer Ave
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country: _____

3. (a) PRINT FULL NAME: Joseph B. McDaniel

3. (b) If veteran, name war: None

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 25th
year 1943 hour 10:30 AM minute _____ M.

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Lillian E. McDaniel nee Reel

6. (c) Age of husband or wife if alive: 68 years

7. Birth date of deceased: September 17, 1875
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec 21, 1943 to Dec 25, 1943
that I last saw him alive on Dec. 24, 1943
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>68</u>	<u>3</u>	<u>8</u>	hr. _____ min.

Immediate cause of death: Chronic myocarditis

Due to _____

Due to _____

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

10. Usual occupation: Chief clerk

11. Industry or business: C. B. & Q. R. R.

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations: _____

Of autopsy: _____

MOTHER FATHER

12. Name: James McDaniel

13. Birthplace: Unknown Unknown
(City, town, or county) (State or foreign country)

14. Maiden name: Carrie Bentz

15. Birthplace: Unknown Unknown
(City, town, or county) (State or foreign country)

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant: Mrs Lillian McDaniel

(b) Address: 4817 Bulwer Ave

17. (a) Burial
(Burial, cremation, or removal) (b) Date thereof: 12/29/43
(Month) (Day) (Year)

(c) Place: burial or cremation: Valhalla Cemetery

18. (a) Signature of funeral director: Math Hermann & Son

(b) Address: 2161 East Fair Ave

19. (a) DEC 28 1943
(Date received local registrar) J. Z. Brueck
(Registrar's signature)

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)

(e) Means of injury: _____

23. Signature: Henry E. Westerman (M. D. or other) M.D.

Address: 2136 East Grand Date signed: 12/26/43

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

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 Francis A Williamson

Licensed Embalmer No. 3265

P. O. Address St. Louis 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.