

FILED MAY 2 1944
318

1003

Registration District No. _____

Primary Registration District No. _____

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

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Masonic Home of Missouri 5-5351 Delmar
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 yrs. 4 mos.
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Maggie Drummond Danks

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced W 2

6. (b) Name of husband or wife Thomas A. Danks 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Oct. 20, 1855
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
88 6 4 hr. min.

9. Birthplace Not known (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Not known

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

14. Maiden name Not known

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

16. (a) Informant Iva Hirsch
(b) Address 5351 Delmar

17. (a) Removal (b) Date thereof 4-25-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cape Girardeau, Mo.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) APR 25 1944 (b) J. F. Madach
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5351 Delmar, St. Louis, Mo.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 24
year 1944 hour 11 minute 20 p. M.

21. I hereby certify that I attended the deceased from December 20, 1937 to April 24, 1944; that I last saw her or alive on April 24, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 4 days

Due to Chronic Myocarditis 6 month

Due to Hypertension 2 yrs

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? _____

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

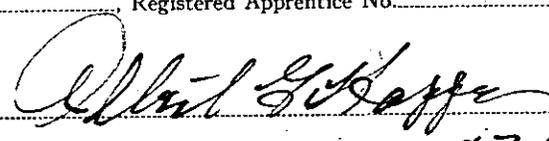
23. Signature Polon Jamison (Date signed) _____
Address 508 N. Grand Blvd.

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. 2971

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.