No. 2
7-1/47
5-17-39

WHITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAY 26 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 17790 4628

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 5873a Minerva Avenue.
(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 Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5873a Minerva Avenue.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Hazel S. 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 George W. McDaniel.
6. (c) Age of husband or wife if alive 53 years
7. Birth date of deceased January 2, 1896.
(Month) (Day) (Year)

8. AGE: Years 52 Months 4 Days 15 If less than one day hr. min.

9. Birthplace Ramsey, Illinois.
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business

MOTHER
12. Name Frank Linduff.
13. Birthplace Ramsey, Illinois.
(City, town, or county) (State or foreign country)

FATHER
14. Maiden name Mary Stokes.
15. Birthplace Ramsey, Illinois.
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. George W. McDaniel.
(b) Address 5873a Minervia Avenue.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-20-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cemetery.
18. (a) Signature of funeral director Geo. L. Pleitsch, Inc.
(b) Address 5966-68 Easton Avenue.
19. (a) MAY 18 1948 (Date received local registrar) (b) J. F. Broderick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 17th.
year 1948 hour 10 minute 35 P.M.
21. I hereby certify that I attended the deceased from Dec 20, 1947, to May 17, 1948,
that I last saw him alive on May 17, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	
Due to Arteriosclerosis	
Hypertension	
Due to	
Other conditions (Include pregnancy within 3 months of death) none	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause of 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) Means of injury
23. Signature Nathan Belsky M.D. (M. D. or other)
Address 2739 N. Market Ave. Date signed 5/18/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Dr. Nathan Bilsky.
Grand & Lindell Lindell Trust Bldg.
Hours 1 to 3 P.M.
Jefferson 0576

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 Clement McNeary

Licensed Embalmer No. 3732

P. O. Address St. Louis

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.