

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED AUG 23 1948
Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH
Primary Registration District No. 1003

State File No. 27627
Registrar's No. 7103

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

1. PLACE OF DEATH: St. Louis

(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: Missouri Pacific Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day
(Specify whether years, months or days)

In this community 1 day

3. (a) PRINT FULL NAME August A. Daab

3. (b) If veteran, name war none

3. (c) Social Security No. 702 18 2653

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Alma Hardnacke

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased March 9, 1887
(Month) (Day) (Year)

8. AGE: Years 61 Months 5 Days 4 If less than one day hr. min.

9. Birthplace Columbia, Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Locomotive Engineer

11. Industry or business Missouri Pacific Railroad

MOTHER FATHER { 12. Name Fred Daab

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

14. Maiden name Elizabeth Arnes

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

16. (a) Informant Walter B. Daab

(b) Address Dupo, Illinois

17. (a) Dupo, Ill. (b) Date thereof Aug. 13, 48
(City, town, or county) (Month) (Day) (Year)

(c) Place: burial or cremation Dupo, Illinois

18. (a) Signature of funeral director Harold A. Nashner

(b) Address Dupo, Illinois

19. (a) AUG 13 1948 (b) J. F. Biedeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County St. Clair 999

(c) City or town Dupo 11
(If outside city or town limits, write "RURAL") 0

(d) Street No. N.R. (If rural, give location) 2

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 13
year 1948 hour 1 minute 25 A.M.

21. I hereby certify that I attended the deceased from Death in admission to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death myocardial infarction

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operation myocardial infarction

Of autopsy myocardial infarction

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 Thomas J. Fitzpatrick, M.D. (M. D. or other)

Address Missouri Pacific Hosp. Date signed 8/13/48

Duration
probably a few days

PHYSICIAN
Underline the cause to which death should be charged statistically.

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.....
..... Body not embalmed, Registered Apprentice No.....
working under my personal supervision.

Signed..... Harold A. Parker

Licensed Embalmer No.....

P. O. Address..... Dupo, Illinois

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.