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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 13 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27984

Primary Registration District No. 1005

Registrar's No. 7752

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: ST. LOUIS CITY HOSPITAL #1.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 weeks. (Specify whether years, months or days)
In this community 1 years.

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. NEW DELMAR HOTEL 7TH & DELMAR.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME William McDaniel
3. (b) If veteran, name war —
3. (c) Social Security No. 270-18-6804

4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced SINGLE
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased JUNE (Month) no. (Day) 188? (Year)

8. AGE: Years 66 Months 2 Days 11 If less than one day hr. min.

9. Birthplace GILLESPIE (City, town, or county) ILL (State or foreign country)
10. Usual occupation CHEF
11. Industry or business RESTAURANT.

MOTHER FATHER
12. Name BAILEY PEYTON McDANIEL
13. Birthplace SMITH COUNTY (City, town, or county) TENN (State or foreign country)
14. Maiden name MARY K. BARTLETT
15. Birthplace BATH (City, town, or county) NEW HAMPSHIRE (State or foreign country)

16. (a) Informant E B McDaniel
(b) Address 3410 College Ave.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 9-7-1948 (Month) (Day) (Year)
(c) Place: burial or cremation GILLESPIE CITY, ILL.
18. (a) Signature of funeral director
(b) Address 603 HENRY, ALTON, ILL.
19. (a) SEP 3 1948 (Date received local registrar) (b) J. J. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 31
year 1948 hour 4:00 minute P M.

21. I hereby certify that I attended the deceased from August 25, 1948, to August 31, 1948, that I last saw him alive on August 31, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Encephalomalacia	6 days
Due to: thrombosis of cortical branch of right middle cerebral artery	6 days
Due to: arteriosclerosis	several years
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations none
Of autopsy as above

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)
Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (d) Means of injury

23. Signature K K Sirks, M.D. (M. D. or other)
Address 1515 Lafayette Ave. Date signed 8-31-48

(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 embalmed by me, or by.....

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

working under my personal supervision.

Signed.....

Licensed Embalmer No. 6133

P. O. Address. Alton Ill

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.