S. No. 300
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 23 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1005

State File No. 41385

Registrar's No. 16760

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

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: 2321 Ann Av. 1
(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 Mo. (b) County

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 2321 Ann Av. 3
(If rural, give location)

23

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

If yes, name country

3. (a) PRINT FULL NAME Emil W. Daudt.

3. (b) If veteran, name war no.

3. (c) Social Security No. no.

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 Dec 10 1871
(Month) (Day) (Year)

8. AGE: Years 77 Months 0 Days 2. If less than one day hr. min.

9. Birthplace St. Charles Mo. 11
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Druggist.

11. Industry or business

FATHER
12. Name Carl Daudt. 4
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Anna Brenner 4
15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Charles J. Daudt
(b) Address 329 N. 6th St. St. Charles Mo

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 12-14-48.
(Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Witt Bros. L & W Co.
(b) Address 2929 S. Jefferson Av.

19. (a) DEC 13 1948 (Date received local registrar) (b) J. B. Lassiter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 12
year 1948 hour 1 minute 40 p. M.

21. I hereby certify that I attended the deceased from Dec. 8th, 1948, to Dec. 12th, 1948
that I last saw him alive on Dec. 12th, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Diabetes Coma

Due to Diabetes Mellitus

Due to

Other conditions
(Include pregnancy within 3 months of death)

61

Major findings:
Of operations —
Of autopsy —

Duration
about 4 hrs.
about 10 yrs

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature [signature] (M. D. or other) M D

Address 3606 Travis Date signed 12/13/48

(Licensed Embalmer's Statement on Reverse Side)

FEB 23 1949

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 Harold C. Witt

Licensed Embalmer No. 4353

P. O. Address 2929 So. Jefferson Ave

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.