

STANDARD CERTIFICATE OF DEATH

State File No. **42137**

FILED JAN 2 1951

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **10859**

1. PLACE OF DEATH
 a. COUNTY _____
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis, Mo.**
 c. LENGTH OF STAY (in this place) _____
 d. FULL NAME OF HOSPITAL OR INSTITUTION **St. Anthony's Hospital**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
 a. STATE **Missouri** b. COUNTY _____
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis**
 d. STREET ADDRESS (If rural, give location) **3658 Delor St.,**

3. NAME OF DECEASED (Type or Print)
 a. (First) **Francis** b. (Middle) **Daher** c. (Last) _____
 4. DATE OF DEATH (Month) (Day) (Year)
Dec. 19, 1950

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **married**
 8. DATE OF BIRTH **Oct. 2, 1887** 9. AGE (In years last birthday) **63**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Retired 4 yrs**
 10b. KIND OF BUSINESS OR INDUSTRY _____
 11. BIRTHPLACE (State or foreign country) **Syria**
 12. CITIZEN OF WHAT COUNTRY? _____

13a. FATHER'S NAME **Charles Daher** 13b. MOTHER'S MAIDEN NAME **Sadie unk** 14. NAME OF HUSBAND OR WIFE **Sadie Daher**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **no**
 16. SOCIAL SECURITY NO. **no**
 17. INFORMANT'S SIGNATURE OR NAME **Sadie Daher** ADDRESS **3658 Delor St.**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Coronary Thrombosis**
 ANTECEDENT CAUSES
 *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (b) **Cardiovascular disease**
 (c) **Diabetes Mellitus**
 II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? **A201**

22. I, hereby certify that I attended the deceased from **Dec. 4, 1950**, to **Dec. 19, 1950**, that I last saw the deceased alive on **Dec. 19, 1950**, and that death occurred at **9 a m.**, from the causes and on the date stated above.

22a. SIGNATURE **A. W. Peters** (Degree or title) **M.D.** 23b. ADDRESS **4145 a S. Grand Blvd.** 23c. DATE SIGNED **12/19/50**

24a. BURIAL CREMATION REMOVAL (Specify) **Burial** 24b. DATE **12-22-50** 24c. NAME OF CEMETERY OR CREMATORY **Resurrection** 24d. LOCATION (City, town, or county) (State) **St. Louis County, Mo.**

DATE REC'D BY LOCAL REG. **DEC 20 1951** REGISTRAR'S SIGNATURE **J. B. Lasater** 25. FUNERAL DIRECTOR'S SIGNATURE **Southern Funeral Home** ADDRESS **6322 S. Grand Blvd.**

WRITE PLAINLY - USING UNFADING BLACK INK - MAKE A PERMANENT RECORD

Dr. Peters
Grand & Meramer
J 6 4

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.....

.....
working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.....

Signed *David Paul Hansen*

Licensed Embalmer No. *4242*

P. O. Address *6322 So. Hwy*

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.