No. 300
10-48

FILED FEB 23 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6904

BIRTH NO. 5591-51 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063 Registrar's No. 382

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

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clayton
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 45 Clayton 4452
d. STREET ADDRESS (If rural, give location): 257 Conway Rd.

3. NAME OF DECEASED (Type or Print)
a. (First): Larry
b. (Middle):
c. (Last): McDaniels

4. DATE OF DEATH (Month) (Day) (Year): Feb. 7, 1951

5. SEX: M 2
6. COLOR OR RACE: C
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): None ()
8. DATE OF BIRTH: January 27, 1951
9. AGE (In years last birthday): No — IF UNDER 1 YEAR: Months ~~12~~ Days 12 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): St. Louis County Mo. 0
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME: Sam McDaniels
13b. MOTHER'S MAIDEN NAME: Mattie Grahm
14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME: Mattie McDaniels — ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intracranial hemorrhage (ventricular)

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c) Pneumonia

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 7630
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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2-7-(2:47 am) 1951, *to* 2-7-, 1951, *that I last saw the deceased alive on* 2-7-, 1951, *and that death occurred at* 9:05 pm., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H. J. Wohltmann, M.D.
23b. ADDRESS: St. Louis Co. Hosp.
23c. DATE SIGNED: 2-8-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial ()
24b. DATE: 2-11-51
24c. NAME OF CEMETERY OR CREMATORY: Washington Park
24d. LOCATION (City, town, or county) (State): St. Louis County Mo.

DATE REC'D BY LOCAL REG.: 2-9-51
REGISTRAR'S SIGNATURE: Herbert R Domke MD
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: E. B. KOONCE 1221 N. Grand

RWR (Licensed Embalmer's Statement on Reverse Side)

f.

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.

Student Embalmer No.....

Signed Clarence Crown

Signed.....
Student Embalmer

Licensed Embalmer No. 7758

P. O. Address 1321 N. Gro

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.