

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11007**
Registrar's No. **500**

FILED MAR 20 1952

BIRTH NO. **5059** REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **3064**

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

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN FERGUSON		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Jean St. 4761	
d. FULL NAME OF HOSPITAL OR INSTITUTION 40 N. FLORISSANT ROAD		d. STREET ADDRESS (If rural, give location) Florissant 1	
3. NAME OF DECEASED (Type or Print) a. (First) Fred b. (Middle) Thomas c. (Last) O'Daniel			4. DATE OF DEATH (Month) (Day) (Year) Feb. 24, 1952
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Jan. 11, 1952
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nihil		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 1 IF UNDER 1 YEAR Months 14 Days 14 IF UNDER 24 HRS. Hours Min.
11. BIRTHPLACE (State or foreign country) Clayton, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Dalton O'Daniel		13b. MOTHER'S MAIDEN NAME Elsie Hertlein	14. NAME OF HUSBAND OR WIFE None
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Dalton O'Daniel Florissant, Mo.
MEDICAL CERTIFICATION			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Suffocation - anoxia ANTECEDENT CAUSES DUE TO (b) Convulsion DUE TO (c) Unknown - fever II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. anorexia + cachexia	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 7888	
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 24 Feb, 1952 to 24 Feb, 1952 , that I last saw the deceased alive on 24 Feb, 1952 and that death occurred at 9:30 A.M. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Richard H. Weaver M.D.		23b. ADDRESS 11040 N. Florissant	23c. DATE SIGNED 24 Feb 52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb. 25, 1952	24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem.	24d. LOCATION (City, town, or county) (State) St. Louis, Missouri
DATE REC'D BY LOCAL REG. 2-25-52		REGISTRAR'S SIGNATURE Herbert R. Donke	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS White Chapel, Ferguson, Missouri.

3w (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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed W. O. Embolm.....

Licensed Embalmer No.

P. O. Address.....

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.