FILED MAY 1 - 1952

XC- 1481 3149

REG. #101,300

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15149

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 1056

1. PLACE OF DEATH

a. COUNTY: ST. LOUIS

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): JEFFERSON BRKS, MISSOURI

c. LENGTH OF STAY (in this place): 8 DAYS

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VETERANS ADM. HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: MISSOURI

b. COUNTY:

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. LOUIS 2239

d. STREET ADDRESS (If rural, give location): 2255 INDIANA

3. NAME OF DECEASED (Type or Print)

a. (First): BRICE

b. (Middle): L.

c. (Last): DANIELS

4. DATE OF DEATH (Month) (Day) (Year): 4-19-52

5. SEX: MALE 0

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: 5-28-08

9. AGE (In years last birthday): 43 YRS — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): PIPE FITTER

10b. KIND OF BUSINESS OR INDUSTRY: UNKNOWN

11. BIRTHPLACE (City and State or Foreign Country): PIEDMONT, MISSOURI 0

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: JOHN W. DANIELS

13b. MOTHER'S MAIDEN NAME: MINNIE HAMPTON

14. NAME OF HUSBAND OR WIFE: MILDRED DANIELS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of service): WW-II

16. SOCIAL SECURITY NO.: UNKNOWN

17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: V A HOSPITAL RECORDS

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): MYOCARDIAL INFARCTION

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): ARTERIOSCLEROTIC HEART DISEASE

DUE TO (c):

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: 4200

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): VA 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* 4-11-52, *19*___, *to* 4-19-52, *19*___, *~~that I last saw the deceased alive on~~ and that death occurred at* 11:08P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): James W Hurley M.D.

23b. ADDRESS: VET ADM HOSP, JEFF BRKS, MO.

23c. DATE SIGNED: 4-20-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 4-21-52

24c. NAME OF CEMETERY OR CREMATORY: City

24d. LOCATION (City, town, or county) (State): Piedmont, Missouri

DATE REC'D BY LOCAL REG.: 4-21-52

REGISTRAR'S SIGNATURE: Herbert R. Domke MD

25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Albert H. Hoppe-4700 Washington Blvd

SW

(Licensed Embalmer's Statement on Reverse Side)

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

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 John S. Denne

Licensed Embalmer No. 4194

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.