

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

21888

State File No. \_\_\_\_\_

FILED JUN 27 1952

318

1003

5380

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS Mo</u>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS 2241</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2816 POTOMAC</u>				d. STREET ADDRESS (If rural, give location) <u>2816 POTOMAC</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>IRA</u>		b. (Middle) <u>L.</u>		c. (Last) <u>DANIELS</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 9 1952</u>							
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>AUG. 8 1905</u>	
9. AGE (In years last birthday) <u>46</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CHAUFFEUR</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>SIELOFF PACKING</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>ILLINOIS</u>	
12. CITIZEN OF WHAT COUNTRY? _____		13a. FATHER'S NAME <u>FRANK DANIELS</u>		13b. MOTHER'S MAIDEN NAME <u>MARTHA LAMB</u>		14. NAME OF HUSBAND OR WIFE <u>THELMA DANIELS</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>THELMA DANIELS 2816 POTOMAC</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) _____		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH _____	
<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary</u>		DUED TO (b) <u>none</u>			
		ANTECEDENT CAUSES		DUED TO (c) _____			
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		11. OTHER SIGNIFICANT CONDITIONS		DUED TO (c) <u>none</u>			
		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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>4201</u>			
22. I hereby certify that I attended the deceased from <u>9-4-1950</u> to <u>6-9-1952</u> , that I last saw the deceased alive on <u>6-4-1952</u> , and that death occurred at <u>5:15 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Philip Schuch M.D.</u>				23b. ADDRESS <u>1703 S Grand</u>		23c. DATE SIGNED <u>6-11-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>JUNE 14 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>LAKE CHARLES CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS Mo</u>	
DATE REC'D BY LOCAL REG. <u>JUN 11 1952</u>		REGISTRAR'S SIGNATURE <u>J. Earl Reuth M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Thomas Kutis 2906 Gravois</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10-48

9:10<sup>00</sup> a.m. dead.  
No 0609

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

*James L. Hill*

Licensed Embalmer No.

*4347*

P. O. Address

*2906 Stevens*

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.