

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25692**
Registrar's No. **6302**

FILED JUL 22 1952

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Illinois b. COUNTY Madison	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) Worden	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Baptist Hospital		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) Charles		b. (Middle) Daumiller	
c. (Last) Daumiller		4. DATE OF DEATH (Month) (Day) (Year) June 30, 1952	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, NEVER MARRIED (Specify)	8. DATE OF BIRTH Nov. 13, 1904
9. AGE (In years last birthday) 47		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Owner	11. BIRTHPLACE (City and State or Foreign Country) Broadhead, Colo.
10b. KIND OF BUSINESS OR INDUSTRY Lavern		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME John Daumiller		13b. MOTHER'S MAIDEN NAME Sarah Eberhardt	
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) No	
16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Alex Schneider, Worden, Ill.	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Quadruple Hemiparesis ANTECEDENT CAUSES Pneumonia; suffered when morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) deceased fell in the yard at Worden, Ill. II. OTHER SIGNIFICANT CONDITIONS on June 3 1952 at about 10:30 pm Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Accident	
20. AUTOPSY YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT (Specify) Accident	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Worden Ill.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) June 3 5:10p		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? sov		E9030 20	
22. I hereby certify that I attended the deceased from 3 , 19 52 , to 30 , 19 52 , that I last saw the deceased alive on 30 , 19 52 , and that death occurred at 8:45 P.m. , from the causes and on the date stated above.			
23a. SIGNATURE Patrick E. Daylor Coroner		23b. ADDRESS 1300 Clark St.	
23c. DATE SIGNED 7/1/52		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
24b. DATE 6-30-52		24c. NAME OF CEMETERY OR CREMATORY Worden, Ill.	
24d. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe, 4700 Washington Blvd.	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE JUL 1 1952 E. Carl Smith MD		26. (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 _____

Ray W. Veneman

Licensed Embalmer No. 3575

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.