

No. 368 SEP 23 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33616

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 531 Registrar's No. 2398

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE MISSOURI b. COUNTY ST. LOUIS	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN UNIVERSITY CITY	c. LENGTH OF STAY (in this place) 7 years	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN UNIVERSITY CITY	4. DATE OF DEATH (Month) (Day) (Year) Sept. 12, 1952
d. FULL NAME OF HOSPITAL OR INSTITUTION 7725 DELMAR BLVD.		d. STREET ADDRESS (If rural, give location) 7725 DELMAR BLVD	

3. NAME OF DECEASED (Type or Print) a. (First) JAMES b. (Middle) Sylvester c. (Last) McDANIEL.			4. DATE OF DEATH (Month) (Day) (Year) Sept. 12, 1952		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 28, 1904		9. AGE (In years last birthday) 48
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Contractor		10b. KIND OF BUSINESS OR INDUSTRY General	11. BIRTHPLACE (State or foreign country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME James S. McDaniel		13b. MOTHER'S MAIDEN NAME Eunice Leona Pryor		14. NAME OF HUSBAND OR WIFE Trula Elizabeth McDaniel	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 488-09-5334		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Trula E. McDaniel; University City, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH 6 months
<p>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cornary Heart Disease			
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
		DUE TO (b) General Arterio sclerosis DUE TO (c) Arterial Hypertension			
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?	

22. I hereby certify that I attended the deceased from Mar. 6, 1952, to Sept 12, 1952, that I last saw the deceased alive on Sept. 8, 1952, and that death occurred at 10.10 p. m., from the causes and on the date stated above.

23a. SIGNATURE Hiram L. Lizzitt (Degree or title) M. D.		23b. ADDRESS 3720 North Blvd. STL 8		23c. DATE SIGNED 9/13/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	24b. DATE 9-15-1952	24c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory		24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.	

DATE REC'D BY LOCAL REG. 9-15-52		REGISTRAR'S SIGNATURE Herbert R. Donke MD		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C.R. Lupton & Sons: 7233 Delmar Blvd.	
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524 Licensed Embalmer's Statement on Reverse Side

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

006

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.....
Student Embalmer

Signed

Arnold W. Schoene

Licensed Embalmer No. *3864*

P. O. Address *St. Louis, Mo.*

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.