

FILED NOV 22 1954

STANDARD CERTIFICATE OF DEATH

State File No. 38986

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10026

BIRTH NO.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Mo</i>		b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <i>St. Louis</i>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <i>St. Louis</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>1827 N. 25th St</i>		e. STREET ADDRESS (If rural, give location) <i>20 1827 N. 25th St</i>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) <i>Paul</i>		b. (Middle) <i>L.</i>		c. (Last) <i>M Daniels</i>	
4. DATE OF DEATH (Month) (Day) (Year) <i>11 3 54</i>		5. SEX <i>M</i>		6. COLOR OR RACE <i>W</i>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>		8. DATE OF BIRTH <i>Jan 10 1883</i>		9. AGE (In years last birthday) <i>71</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Maintenance Man</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>U.S. Steel</i>		11. BIRTHPLACE (City and State or Foreign Country) <i>Green Co. Ill</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>		13a. FATHER'S NAME <i>George M Daniels</i>		13b. MOTHER'S MAIDEN NAME <i>Augusta Buschard</i>	
14. NAME OF HUSBAND OR WIFE <i>Clara Anna M Daniels</i>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>488-10-6769</i>	
17. INFORMANT'S SIGNATURE OR NAME <i>Frances Schmitt</i>		18. ADDRESS <i>1827 N. 25th St</i>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>Carcinoma of Lung</i>	
19. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) ANTECEDENT CAUSES <i>Throat</i> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)		20. INTERVAL BETWEEN ONSET AND DEATH <i>1 last</i>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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? <i>163X</i>		22. I hereby certify that I attended the deceased from <i>11 3 54</i> to <i>11 4 19 54</i> , that I last saw the deceased alive on <i>11 3 1954</i> , and that death occurred at <i>1:15 P</i> m., from the causes and on the date stated above.	
23a. SIGNATURE <i>B. J. Stuegel</i>		23b. ADDRESS <i>1875 Madison</i>		23c. DATE SIGNED <i>11 5 54</i>	
24a. BURIAL, CREMATION REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>11/6/54</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Calvary Cemetery</i>	
24d. LOCATION (City, town, or county) (State) <i>St. Louis Mo.</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Robert J. Stuegel</i>		25. ADDRESS <i>2228 St. Louis Ave</i>	
DATE REC'D BY LOCAL REG <i>NOV 5 1954</i>		REGISTRAR'S SIGNATURE <i>Carl Smith</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Robert J. Stuegel</i>	

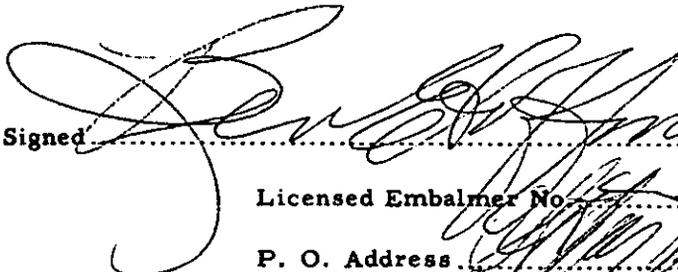
(Licensed Embalmer's Statement on Reverse Side)

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.....
Signature of Student Embalmer

Signed .....
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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.