

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43521**

FILED JAN 18 1955

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **11872**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jefferson	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (In this place) 17 hours	c. CITY OR TOWN House Springs
d. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hospital		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) Rural Route		0520	

3. NAME OF DECEASED (Type or Print) a. (First) FRANK b. (Middle) _____ c. (Last) DANNEMAN			4. DATE OF DEATH (Month) (Day) (Year) 12-28-54		
5. SEX male 0	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 3-3-1870	9. AGE (In years last birthday) 84	10. COUNTRY OF BIRTH USA
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY farm		11. BIRTHPLACE (City and State or Foreign Country) Antonio, Mo.	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME Anton Danneman		13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE Anna Danneman	
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. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Wm. Danneman, House Springs, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Neurothorax right side, fracture of Sternum suffered in collision between car operated by one Emilio Danneman in which deceased was a passenger and car operated by one Robert L. Murray on Hwy. 261, 1/4 mi South of Imperial Mo. Jefferson County, Mo.		INTERVAL BETWEEN ONSET AND DEATH	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death being related to the disease or condition of the deceased Car operated by one Robert L. Murray on Hwy. 261, 1/4 mi South of Imperial Mo. Jefferson County, Mo.					

19a. DATE OF OPERATION Dec 27, 1954		19b. MAJOR FINDINGS OF OPERATION about 1100 am. Dec 27, 1954.		19c. YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT OR SUICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Hwy		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) near Imperial Mo Jefferson City 50	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Dec 27 54 11:30 a.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? F8164	

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **4:35A m.**, from the causes and on the date stated above. **26**

23a. SIGNATURE (Degree or title) Patrick F. Taylor Carver		23b. ADDRESS 1300 Clark		23c. DATE SIGNED 12-29-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 12-29-54		24c. NAME OF CEMETERY OR CREMATORY Imperial, Mo.	
24d. LOCATION (City, town, or county) (State) Imperial, Mo.					

DATE REC'D BY LOCAL REG. DEC 29 1954		REGISTRAR'S SIGNATURE J. Carl Smith Mo		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Heilitag, Imperial, Mo.	
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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. 40

P. O. Address, Abbeville

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.