

FILED JAN 6 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 41958  
Registrar's No. 10977

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS, MISSOURI</b>		c. LENGTH OF STAY (In this place) _____		c. CITY OR TOWN <b>St. Louis</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST. LOUIS CITY HOSPITAL #1.</b>				e. STREET ADDRESS (If rural, give location) <b>3619 Shenandoah Ave 2170</b>			
3. NAME OF DECEASED (Type or Print) <b>ROSINA</b>		a. (First) _____ b. (Middle) _____		c. (Last) <b>DANIEL</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>DECEMBER 14, 1955.</b>	
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Jan 12 1879</b>	
9. AGE (In years last birthday) <b>76</b>		10. IF UNDER 1 YEAR Months _____ Days _____		10. IF UNDER 1 HR. Hours _____ Min. _____		11. BIRTHPLACE (City and State or Foreign Country) <b>Highland Ills.</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <b>Highland Ills.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13a. FATHER'S NAME <b>Charles Hoffman</b>		13b. MOTHER'S MAIDEN NAME <b>Josephine Schneider</b>		14. NAME OF HUSBAND OR WIFE <b>William Daniel</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>Dont Know</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Wm. A. Daniel 3619 Shenandoah Ave</b>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pneumococcal Meningitis</b>				INTERVAL BETWEEN ONSET AND DEATH <b>1 Day</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS 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 checked="" type="checkbox"/> NO <input 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) <b>340.1</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		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 <b>12-11</b> , 19 <b>55</b> , to <b>12-14</b> , 19 <b>55</b> , that I last saw the deceased alive on <b>12-14</b> , 19 <b>55</b> , and that death occurred at <b>9:20 A</b> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>James W. Hurley M.D.</b>				23b. ADDRESS <b>1515 LAFAYETTE AVE</b>		23c. DATE SIGNED <b>12-14-55.</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>Dec 16 1955</b>		24c. NAME OF CEMETERY OR CREMATORY <b>St. Joseph Cemetery Highland Ills.</b>		24d. LOCATION (City, town, or county) (State) _____	
DATE REC'D BY LOCAL REG. <b>DEC. 15 1955</b>		REGISTRAR'S SIGNATURE <b>Paul Smith M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Weick Bros. 2201 S. Grand Blvd</b>			

(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 *Ronald E. Johnson*

Licensed Embalmer No. *39*

P. O. Address, *St Louis*

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.