

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2925
Registrar's No. 140

FILED JAN 25 1957

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 MO. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 2141 DICKSON ST		e. STREET ADDRESS (If rural, give location) 2141 DICKSON ST	
3. NAME OF DECEASED a. (First) LILLIE b. (Middle) MC DANIELS c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) 1 4 1957	
5. SEX F	6. COLOR OR RACE C	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOW	8. DATE OF BIRTH 3-18-1904
9. AGE (In years last birthday) 52 yrs 9 18	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MIT	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) MISS. USA.
12. CITIZEN OF WHAT COUNTRY? USA.	13a. FATHER'S NAME CHAS BINGMAN	13b. MOTHER'S MAIDEN NAME LUTCHA LLOYD	14. NAME OF HUSBAND OR WIFE THOMAS MC DANIELS
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Fred Bingham 3421 Pine	

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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Rupture of heart		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Corthik. Myocardial infarct 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 4201	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)
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 7 AM on _____, 19____, from the causes and on the date stated above.

23a. SIGNATURE Frank E. Taylor Coome	(Degree or title) 3	23b. ADDRESS 300 Clark	23c. DATE SIGNED 1-7-57
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 1-8-57	24c. NAME OF CEMETERY OR CREMATORY GREENWOOD	24d. LOCATION (City, town, or county) (State) WELLSFORD MO.

DATE REC'D BY LOCAL REG. JAN 7 1957	REGISTRAR'S SIGNATURE Joseph Smith	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. F. Walton 2707 Stoddard
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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 *H. Claude Gordon*.....

Licensed Embalmer No. *340*.....

P. O. Address *4575 Ave*.....

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.