V.S. No. 300
Rev. 10.48

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

FILED MAR 27 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10126

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2315

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (in this place): 5 Weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 22 St. Anthony Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY
c. CITY OR TOWN: St. Louis
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): 2179 3919 Botanical St.

3. NAME OF DECEASED (Type or Print): a. (First) Minnie b. (Middle) W. c. (Last) Daake
4. DATE OF DEATH (Month) (Day) (Year): March 6 1957
5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 8, 1883
9. AGE (In years last birthday): 73 — If under 1 year: Months 8 Days 27 — If under 1 hr.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (City and State or Foreign Country): Fortworth, Texas
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: William D. Wilson
13b. MOTHER'S MAIDEN NAME: Elizabeth ?
14. NAME OF HUSBAND OR WIFE: John H. Daake
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: ——
17. INFORMANT'S SIGNATURE OR NAME: John M. Daake ADDRESS: 3919 Botanical St.

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c) 420.1 H

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma of rectum.

19a. DATE OF OPERATION: Feb. 14, 1957
19b. MAJOR FINDINGS OF OPERATION: Carcinoma of rectum
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1950, 19___, *to* March 6, 1957 *that I last saw the deceased alive on* March 6, 1957, *and that death occurred at* 6:00 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE: J. H. Mayne M.D. (Degree or title)
23b. ADDRESS: So. Side Nat'l Bank Bldg
23c. DATE SIGNED: 3-7-57

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 3/9/57
24c. NAME OF CEMETERY OR CREMATORY: St. Ferdinand Cemetery
24d. LOCATION (City, town, or county) (State): Florissant Mo.

DATE REC'D BY LOCAL REG.: MAR 8 '57
REGISTRAR'S SIGNATURE: J. Earl Smith, M.D. M.J.B.
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: John H. Gebken Sons 2630 Gravois Ave.
(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalme

by me, or by ....., Student Embalmer No.....

working under my personal supervision.:

Student.....
Signature of Student Embalmer

Signed Robert F. Gebken

Licensed Embalmer No. 4144

P. O. Address 2630 Gravois Ave

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failur 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.