

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-042691

STATE FILE NUMBER

FILED NOV 18 1958 Registration District No. 317 Primary Registration District No. 547 Registrar's No. 2895

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|---|--|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>ST. Louis</b>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b> |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>RICHMOND HEIGHTS</b>              | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN <b>Ladue 17, 4000</b>  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>St. Mary's Hospital</b> | Length of stay in lb<br><b>5 DAYS</b>  | d. STREET ADDRESS (If outside, give location)<br><b>2 York Village</b>   | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

|                                     |                      |                    |                       |  |
|-------------------------------------|----------------------|--------------------|-----------------------|--|
| 3. NAME OF DECEASED (Type or print) | First<br><b>CARL</b> | Middle<br><b>P</b> | Last<br><b>DANIEL</b> | 4. DATE OF DEATH<br>Month<br><b>November</b> Day<br><b>9th</b> Year<br><b>1958</b> |
|-------------------------------------|----------------------|--------------------|-----------------------|--|

|                       |                                  |   |  |   |                                   |                                   |
|-----------------------|----------------------------------|---|--|---|-----------------------------------|-----------------------------------|
| 5. SEX<br><b>male</b> | 6. COLOR OR RACE<br><b>white</b> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>Feb 2, 1897</b> | 9. AGE (In years, last birthday)<br><b>61</b> | IF UNDER 1 YEAR<br>Months<br>Days | IF UNDER 24 HRS.<br>Hours<br>Min. |
|-----------------------|----------------------------------|---|--|---|-----------------------------------|-----------------------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>General Insurance Agent</b> | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Insurance</b> | 11. BIRTHPLACE (City and state or country)<br><b>Orange Virginia</b> | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b> |
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| 13a. FATHER'S NAME<br><b>Ollie J. Daniel</b> | 13b. MOTHER'S MAIDEN NAME<br><b>Gertrude Peyton</b> | 14. NAME OF HUSBAND OR WIFE<br><b>Helen Jennings Daniel</b> |
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| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service)<br><b>yes W.W.I</b> | 16. SOCIAL SECURITY NO.<br><b>500-32-6596</b> | 17. INFORMANT Address<br><b>Mrs. Helen J. Daniel 2 York Village, Ladue Mo.</b> |
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| 18. CAUSE OF DEATH (Enter one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>uremia</b>        |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>5 days</b>   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.   | DUE TO (b) <b>generalized Carcinomatosis</b><br>DUE TO (c) <b>Adeno-Carcinoma of Sigmoid Colon</b> |   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)<br><b>1533</b> |  | 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |

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| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)<br><b>1533</b> |
| 20c. TIME OF INJURY<br>Hour<br>Month, Day, Year<br>a.m.<br>p.m.   |   |

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| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION<br>COUNTY<br>STATE |
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21. I attended the deceased from **May 7, 1957** to **11/9/58** and last saw him alive on **11/9/58**  
Death occurred at **7:00 a** m on the date stated above; and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE (Degree or title)<br><b>Shouse &amp; Pridmore Md.</b> | 22b. ADDRESS<br><b>4660 Maryland</b> | 22c. DATE SIGNED<br><b>11/10/58</b> |
|--|--------------------------------------|-------------------------------------|

|   |                              |   |   |
|---|------------------------------|---|---|
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>removal</b> | 23b. DATE<br><b>11/11/58</b> | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Bellefontaine Cemetery</b> | 23d. LOCATION (City, town, or county) (State)<br><b>St. Louis Missouri.</b> |
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| 24. FUNERAL DIRECTOR<br><b>L.R. Lupton and Sons 7233 Dekmar Blv'd.</b> | 25. DATE RECD. BY LOCAL REG.<br><b>11-10-58</b> | 26. REGISTRAR'S SIGNATURE<br><b>Wesley P. Danke M.D.</b> |
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

STATE OF MISSOURI

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 *Clarence H. Murray* .....

Licensed Embalmer No. *4011* .....  
P. O. Address *St. Louis Mo* .....

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.