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FILED VS SEP 4 1959

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-030331
STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. 2 7842 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN St. Louis, Mo. — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION Firmin Desloge Hospital — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri
b. COUNTY Maries
c. CITY OR TOWN Belle — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) Box 202 — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print)
First: Christian (Chris) Middle: Last: DANUSER

4. DATE OF DEATH Month: 8 Day: 23 Year: 59

5. SEX Male

6. COLOR OR RACE White

7. MARRIED [X] **NEVER MARRIED** [ ] **WIDOWED** [ ] **DIVORCED** [ ]

8. DATE OF BIRTH 6/6/1897

9. AGE (In years last birthday) 62 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic

10b. KIND OF BUSINESS OR INDUSTRY Chemical Plant

11. BIRTHPLACE (City and state or country) Belle, Missouri.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Thomas Danuser

13b. MOTHER'S MAIDEN NAME Ursula Beuesch

14. NAME OF HUSBAND OR WIFE Sadie Danuser

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service) Nil.

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT Sadie Danuser, Address Belle, Missouri.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary Thrombosis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) 163X
INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES [X] NO [ ]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 7/29/59, to 8/23/59 and last saw her/him alive on 8/23
Death occurred at 9:45 am on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Joseph L. Lucidamo (Degree or title)

22b. ADDRESS 634 N. Grand (3)

22c. DATE SIGNED 8/23/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal

23b. DATE 8-24-59

23c. NAME OF CEMETERY OR CREMATORY Liberty Cemetery

23d. LOCATION (City, town, or county) (State) Belle, Missouri.

24. FUNERAL DIRECTOR ADDRESS Albert H. Hoppe Inc., 4700 Washington, Blvd.

25. DATE RECD. BY LOCAL REG. AUG 24 '59

26. REGISTRAR'S SIGNATURE Karl Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

securing the medical certification in the specific manner required by Public Health Service
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.

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, ~~acting~~ ....., Student Embalmer No. ..... working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed Lawrence O. Kerby

Licensed Embalmer No. 4979

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.