

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-016713

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4251 STATE FILE NUMBER

FILED MAY 1 1962

VS 300 Rev. 4/59	DATE AMENDED
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis Length of stay in 1b 1 Week

c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Christian Hospt. Inside Limits No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY St. Louis

c. CITY OR TOWN Wellston Inside Limits No

d. STREET ADDRESS (If outside, give location) 1816 Timberlake Ave. Reside on Farm Yes No

3. NAME OF DECEASED

First Arthur Middle M Last Daniel

4. DATE OF DEATH 4-22-62 Month 4 Day 22 Year 62

5. SEX Male 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 12-15-96 9. AGE (last birthday) 65

IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) City Clerk-Marshal 10b. KIND OF BUSINESS OR INDUSTRY Wellston, Mo. 11. BIRTHPLACE (City and state or country) Missouri 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Larkin Daniel 13b. MOTHER'S MAIDEN NAME Blanche Porter 14. NAME OF HUSBAND OR WIFE Lucille M Daniel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W.W.#1 & W.W.#2 16. SOCIAL SECURITY NO. 420-0 17. INFORMANT Lucille Daniel Address 1816 Timberlake Ave.

18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Imaemia INTERVAL BETWEEN ONSET AND DEATH 5 days

CONDITIONS, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) arteriosclerotic nephrosclerosis arteriosclerotic heart disease 420-0 unk unk

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Broncho Pneumonia bilateral lower lobes

PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES 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 Month, Day, Year a.m. p.m.

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 4/18/62 to 4/22/62 and last saw him alive on 4/21/62 Death occurred at 9:20 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Lester G Warner M.D. 22b. ADDRESS 1115 Paul Brown Bldg 5th Fl St. Louis Mo 22c. DATE SIGNED 4/23/62

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE 4-25-62 23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery 23d. LOCATION (City, town, or county) St. Louis Co. Mo.

24. FUNERAL DIRECTOR J.W. Clark F.H. 1125 Hodiamont Ave. ADDRESS 25. DATE RECD. BY LOCAL REG. APR 25 1962 26. REGISTRAR'S SIGNATURE Earl Smith. M.D.

USE BLACK INK OR TYPEWRITER RIBBON

Dr. R. G. Warner

Paul Brown Bldg. 12-3 PM

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 *W. L. Warner*

Licensed Embalmer No. 4511

P. O. Address *A. Law: 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.