PLACE OF DEATH:   (a) County   St. Louis   (b) City or town   Meramac Try.   All   St.   (c) Name of hospital or institution.   (c) Name of hospital or institution.   (d) Length of stay: In hospital or institution.   (e) City or town   Rural   (f) County   (f) Co		FICATE OF DEATH State Pile No. 333		<b>939</b> ST	MERCE F 101	ARTMENT OF COM BURBAU OF THE CENS	19 <del>39</del> A
Place of Death: St. Louis   County	<u> </u>	1et No. 1/6 Registrar's No. 1681	Primary Registration Distri		184	stration District No	Registr
(a) City or town. Merannec Type. All Hambers of the City or town in the Tublat and sea of township) (b) City or town. (if counts the Tublat and sea of township) (c) Name of hospital or institution. (if not in hospital or institution.)  3. (a) PRINT Addie Steward MoDaniel 23.5  4. (a) Streat No. (if not in hospital or institution. (if not in hospital or institution.)  3. (a) PRINT Addie Steward MoDaniel 23.5  4. Sex Mall B  5. Color or 6. (a) Single, widowed, married, and that death occurred on the date and hour stated above. Institution. (if not in hospital or institution. (if not in hospital or institution. (if not in hospital or institution.)  4. Sex Mall B  6. (b) Na	. /	2. USUAL RESIDENCE OF DECEASED:		uis	t. Lo	C	
(c) Name of hospital or institution. withe street number or location) (d) Length of stay: In hospital or institution. (b) posity whether in this community. (c) Entert in hospital or institution. (b) posity whether in this community. (c) Entert No (d) Street No (d) If foreign born, how long in U. S. A.1.  MEDICAL CERTIFICATION  8. (d) PRINT Addie Steward MoDaniel 235  8. (e) PRINT No No No (e) Social Security No No No 1 minutes  8. (e) Social Security No 1 minutes  8. (e) Name of husband or wife. 6. (e) Age of husband or wife if alive 49 years  9. Birth date of deceased April 13 1896 (Moath) (Day) (Year)  8. AGE: Years Months Days If less than one day 43 5 6 6 hr. min.  9. Birthplace Morgan Co. Mo  10. Usual occupation Truck Driver  11. Industry or business  12. Name J. L. MoDaniel O. (State or foreign society)  15. (a) Informant's own signature  16. (a) Informant's own signature  17. (a) Burial (b) Date thereof 9-24-39 (Moath) (Day) (Year)  18. (a) Informant's own signature  (b) Address Fortunia Mo  17. (a) Burial (b) Date thereof 9-24-39 (Moath) (Day) (Year)  18. (d) Signature of funeral director of the signal of tapic foreign constrainty (C) Prizes burial or cremation Tipton (Moath) (Day) (Year)  18. (d) Signature of funeral director of the principal property of death)  19. (d) Did injury occur. Merramac Type Mo-  22. If death was due to external causes, fill in the following: (C) of warm)  19. (d) Did injury occur. or foreign of facility (C) of warm)  10. (d) Did injury occur. or facility (pres) (document) (C) of warm)  10. (d) Did injury occur. or facility (pres) (document) (d) Did injury occur. or facility (p	······································		Vallent	Two.	ramee	City of town Me	, , ,
(d) Length of stay: In hospital or institution.  In this community.  year, months or day)  S. (d) PRINT Addie Steward McDaniel 235  S. (d) First No.  S. (e) Social Security No.  S. (e) Social Security No.  4. SerMale  S. Color or A. SerMale  S. C	<u>gato</u>	(c) City or town Rural (if outside city or town limits, write "RURAL")	"RURAL" and fame of township)	limite, write	e city or town	(If outside	* *
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19. (a) St P Z Z (U (b) (Registrar) (Registrar) (Registrar) Address Coroner of St Louis County,	*M8/2	AddresCoroner of St. Louis County Mg	(Registrer's ignature)	177	(b) C	(10)	19. (a)
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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....

working under my personal supervision.

Licensed Embalmer No. 93

Registered Apprentice No..

P. O. Address. Kukuroll

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

the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.