

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state N. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. N.

STANDARD CERTIFICATE OF DEATH

State File No.

33535

Registration District No.

784

Primary Registration District No.

116

Registrar's No.

1681

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Meramec Twp. Valley Ph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community,
years, months or days)

3. (a) PRINT FULL NAME Addie Steward McDaniel 235

3. (b) If veteran,

name war

3. (c) Social Security

No.

4. Sex Male

5. Color or

race W

6. (a) Single, widowed, married,

divorced M

6. (b) Name of husband or wife

Elsie

6. (c) Age of husband or wife if

alive 49 years

7. Birth date of deceased April 13 1896

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

43

5

9

hr.

min.

9. Birthplace Morgan Co.

(City, town, or county)

Mo

(State or foreign country)

10. Usual occupation Truck Driver

11. Industry or business

12. Name J. L. McDaniel

13. Birthplace Morgan Co.

(City, town, or county)

Mo

(State or foreign country)

14. Maiden name Mary Smith

15. Birthplace Fortunia.

(City, town, or county)

Mo

(State or foreign country)

16. (a) Informant's own signature

(b) Address Fortunia

Mo

17. (a) Burial

(Burial, cremation, or removal)

(b) Date thereof

9-24-39

(Month) (Day) (Year)

(c) Place: burial or cremation Tipton Mo.

18. (a) Signature of funeral director

(b) Address Kirkwood

Mo

19. (a) SEP 22 1939

(Date received local registrar)

(b) ER. May

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo

(b) County

(c) City or town

Rural Fortunia (Fortonia)

(If outside city or town limits, write "RURAL")

(d) Street No.

(If rural, give location)

(e) If foreign born, how long in U. S. A.?

years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept 22

year 1939

hour

minute

20 AM

21. I hereby certify that I attended the deceased from

that I last saw him alive on

and that death occurred on the date and hour stated above.

Immediate cause of death

Automobile-truck accident.

While operating a motor truck

on a public highway which left
the highway and overturned.

Due to

Fracture of the skull.

Other conditions

(Include pregnancy within 3 months of death)

Traumatism R/S chest.

Fractures of R.Ribs.

Major findings:

Fracture L.Femur.

Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident

(b) Date of occurrence

Sept 22, 1939

(c) Where did injury occur?

Meramec Twp. Mo.

(City or town)

(County)

(State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

Public place

While at work?

yes (Specify type of place)

(e) Means of injury

truck overturned

23. Signature

John O. Connel

(M. D. or other)

Address

Coroner of St. Louis County, Mo.

Date signed 9/22

I am

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

Louis H. Bopp

Registered Apprentice No.

working under my personal supervision.

Signed

Louis H. Bopp

Licensed Embalmer No.

93

P. O. Address

Rickwood

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