

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-020819

FILED VS JUN 9 1960

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **5614** STATE FILE NUMBER

INDEXED

DOCUMENT

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b 4 yrs.		c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 919a Lynch St.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 919a Lynch St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First John Middle Houston Last Danner				4. DATE OF DEATH Month May Day 29 Year 1960			
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 3/4/1894	9. AGE (last birthday) 66	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) Factory Worker			10b. KIND OF BUSINESS OR INDUSTRY Shoe Factory	11. BIRTHPLACE (City and state or country) Tennessee		12. CITIZEN OF WHAT COUNTRY U.S.	
13a. FATHER'S NAME John H. Danner			13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Oda Mae Danner		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 414-14-3334	17. INFORMANT Address Oda Mae Danner, 919a Lynch St.				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Paralytic stroke, rt side paralysis						INTERVAL BETWEEN ONSET AND DEATH Sept 22, 1959	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b)		334x			
DUE TO (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Cardiac Hypertrophy, Prostatic Gastritis.					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N- <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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.)			
20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year						
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		COUNTY	STATE
21. I attended the deceased from 9-28-57 to May 29, 1960 and last saw ^{him} him alive on May 28, 1960 Death occurred at 9:30 a. m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Leroy E Ellison MD			22b. ADDRESS 3610 80 Broadway St Louis Mo			22c. DATE SIGNED May 29, 1960	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 5-31-60	23c. NAME OF CEMETERY OR CREMATORY Local Cemetery		23d. LOCATION (City, town, or county) Advance, Mo.			
24. FUNERAL DIRECTOR ADDRESS Albert H. Hoppe, Inc., 4700 Washington Blvd.			25. DATE RECD. BY LOCAL REG. MAY 31 1960	26. REGISTRAR'S SIGNATURE Roal Smith, M.D.			

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Oliver R. Jader

Licensed Embalmer No. 407
P.O. Address St J

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.