No. 2
1/47
5-17-39

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 3 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 36016

Registrar's No. 971

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Mo. Pacific Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12-days
(Specify whether

In this community 30 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street address 4223a Olive St.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Paul L. McDaniel

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M.

5. Color or race W.

6. (a) Single, widowed, married, divorced M.

6. (b) Name of husband or wife Estelle McDaniel

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased Feb. 25th., 1890
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
57	7	24	hr. min.

9. Birthplace Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Barber

11. Industry or business

MOTHER FATHER

12. Name David J. McDaniel

13. Birthplace Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Hattie Cunningham

15. Birthplace Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Estelle McDaniel

(b) Address 4223a Olive St.

17. (a) Cremation (b) Date thereof 10-21-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Crematory

18. (a) Signature of funeral director Arthur J. O'Donnelly

(b) Address 3840 Lindell Blvd.

19. (a) OCT 20 1947 (b) J. F. Broeker
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 19th.
year 1947 hour 9 minute 03 A.M.

21. I hereby certify that I attended the deceased from Oct 7, 1947, to Oct. 19, 1947, that I last saw him alive on Oct. 18, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Hemiplegia, Left.	12 days
Due to	
Undetermined	
Due to	
Other conditions (Include pregnancy within 3 months of death) None	
Major findings: Of operations None	
Of autopsy None	

PHYSICIAN

Underline the cause of which death should be charged statistically.

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

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

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Leon C. Hails (M. D. or other)

Address 1504 50 Grand Blvd. Date signed 10/20/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

[redacted] C.Halle Gr.2020
1504 S.Grand Blvd.Pr.6628

At Mo. Pacific Hosp. 12 noon Monday.

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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed W.H. Van Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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, fact should be so stated above.