

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

APR 12 1939

791
1008

8158
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No.
 (b) Township Primary Registration District No.
 (c) City St Louis, Mo. (d) Street No. 2903, Sheridan Ave, Registered No. 1923
 (e) Length of residence in city or town where death occurred X yrs. 3 mos. 20 (f) How long in U.S., if of foreign birth? X yrs. 3 mos. 20

2. PRINT FULL NAME

Earl Daniels,
 (a) Residence, No. 2903, Sheridan, Ave, St. 21
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 26 th 19 39

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF XXXXXXX

22. I HEREBY CERTIFY, That I attended deceased from Feb 20 1939, to Feb 26 1939.
 I last saw him alive on Feb 26, 1939. Death is said to have occurred on the date stated above, at 12:15, P.M.
 The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 6 th, 1938.
 7. AGE YEARS MONTHS DAYS If LESS than 1 day,hra. ormin.
XXX 3 20

Pneumonia Date of onset 11 days

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None, Infant
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

Other contributory causes of importance:
Convulsion 2 days

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis, Missouri,

FATHER 13. NAME Frank Daniels,

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mississippi,

MOTHER 15. MAIDEN NAME Anna Westley,

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pine Bluff, Arkansas,

17. INFORMANT (ADDRESS) Anna Whitmore, 2903, Sheridan, Ave,

18. BURIAL, CREMATION, OR REMOVAL PLACE Walter Dickson DATE 3/1/39.

19. FUNERAL DIRECTOR (ADDRESS) Houston's Fun Home, 2812, Thomas, St,

20. FILED MAR 1, 1939 J.F. Budick Local Registrar.

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 19.....
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify
 (Signed) M. J. Harris M. D.
 (Address) 112 W. Jefferson

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

