

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 30254

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
REC'D SEP 7 1939

Registration District No. 184

Primary Registration District No. 200

Registrar's No. 1480

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town Rock Hill  
(c) Name of hospital or institution:  
9631 Manchester  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution None  
(Specify whether  
In this community 4 Years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County St. Louis  
(c) City or town Rock Hill  
(If outside city or town limits, write "RURAL")  
(d) Street No. 9631 Manchester  
(If rural, give location)  
(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME John Milton Daniels  
3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Aug. day 17  
year 1939 hour 11 minute 45 P. M.

4. Sex M 5. Color or race W  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Victoria Daniels  
6. (c) Age of husband or wife if alive 59 years  
7. Birth date of deceased March 23, 1879  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb 13, 1939  
\_\_\_\_\_ 19\_\_\_\_, to Aug 17, 1939;  
that I last saw him alive on Aug 17, 1939;  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
60 4 24 \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death  
Myocarditic chf and myocardial degeneration 2 yrs.

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

Due to arteriosclerosis general  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

10. Usual occupation Merchant

PHYSICIAN  
Underline the cause to which death should be charged statistically.

11. Industry or business Grocery Store

FATHER { 12. Name Alfred Daniels  
13. Birthplace Illinois  
(City, town, or county) (State or foreign country)  
MOTHER { 14. Maiden name Mary Beatty  
15. Birthplace Ohio  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Victoria Daniels  
(b) Address 9631 Manchester

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

17. (a) Burial (b) Date thereof Greenwood Aug  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Greenville, Ill.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_

18. (a) Signature of funeral director Jay B. Smith  
(b) Address 7456 Manchester

(c) When did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
\_\_\_\_\_ (Specify type of place)

19. (a) AUG 19 1939 (b) C. H. Bockelman  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_  
23. Signature C. H. Bockelman M.D. (M. D. or other)  
Address 8900 Powell Ave Date signed 8/19/39

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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.....

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

working under my personal supervision.

Signed.....

Licensed Embalmer No. 4029

P. O. Address Maplewood

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)**

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