

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 6417

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:
142 S. Trudeau St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 35 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 23
(If outside city or town limits, write "RURAL")
0
(d) Street No. 142 S. Trudeau St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULLNAME John Daniels 542

3. (b) If veteran, name war H11 3. (c) Social Security No. H11

4. Sex Male 5. Color or race Colored 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Maggie Daniels 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased June 1, 1878
(Month) (Day) (Year)

8. AGE: Years 62 Months 1 Days 26 If less than one day
hr. _____ min. _____

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

10. Usual occupation Ice & Coal business

11. Industry or business _____

MOTHER FATHER { 12. Name Solomon Daniels

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

14. Maiden name Josephine Gowans

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

16. (a) Informant Maggie Daniels
(b) Address 142 S. Trudeau St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-3-40
(Month) (Day) (Year)

(c) Place: burial or cremation E. St. Louis, Mo.

18. (a) Signature of funeral director C. M. P. [Signature]

(b) Address 3517 [Address]

19. (a) JUL 30 1940 (Date received local registrar) (b) J. F. Bredeek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 25 27
year 1940 hour 4 minute 20 P. M.

21. I hereby certify that I attended the deceased from July 29
1940 to July 27, 1940
that I last saw her alive on July 26, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Perforated Colon

Due to Acute Perforated Colon
Due to Acute Perforated Colon

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

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? _____

(Specify type of place) _____
While at work? (e) Means of injury _____

23. Signature C. G. [Signature] (M. D. or other)

Address 3870 Easton Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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

working under my personal supervision.

Registered Apprentice No.

Signed:

Licensed Embalmer No. 1173

P. O. Address

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.