DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37121

Registration District No. 791 Primary Registration District No. 100 Registrar's No. 9391

FILED DEC 11 1940

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: Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 22 days (Specify whether 1 years, months or days)

In this community 5 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St Louis 22
(If outside city or town limits, write "RURAL")

(d) Street No. 501 a S Jefferson 0
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Classie Daniels

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex female

5. Color or race Col

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

6. (b) Name of husband or wife will Daniel

6. (c) Age of husband or wife if alive Dent know

7. Birth date of deceased 12 (Month) 17 (Day) 1915 (Year)

8. AGE: Years 24 Months 10 Days 24 If less than one day hr. min.

9. Birthplace Birmingham (City, town, or county) Ala (State or foreign country) 1

10. Usual occupation House wife 1

11. Industry or business

FATHER
12. Name wm Ray 1
13. Birthplace Birmingham (City, town, or county) Ala (State or foreign country)

MOTHER
14. Maiden name Laura Steadmore
15. Birthplace Birmingham (City, town, or county) Ala (State or foreign country)

16. (a) Informant's own signature Mary Brown
(b) Address 501 So Jefferson

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-16-40 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director S Watson
(b) Address 2769 Chouteau

19. (a) NOV 15 1940 (Date received local registrar) (b) J. F. Friedrich (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 13 year 1940 hour 3:00 minute P M.

21. I hereby certify that I attended the deceased from August 23, 1940 to November 13, 1940 that I last saw her alive on November 13, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Peritonitis	5 das
Due to Tuboovarian Abscesses Non Malignant	18 mos
Due to Cause Unknown	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 139	
Of autopsy	

PHYSICIAN — Underline the cause to 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? (Specify type of place)
While at work? (e) Means of injury 1

23. Signature E. A. McDowell (M. D. or other)
Address 2601 N Whittier Date signed 11/14/40

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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 Shirley J Watson

Licensed Embalmer No. 269 P

P. O. Address 276 Chouteau

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

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