

FILED APR 21 1941

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

9064

Do not use this space. 001

1. PLACE OF DEATH

(a) County..... 791 Registration District No. 1003
 (b) Township..... Primary Registration District No.
 (c) City..... (d) Street No. 2474
 (If death occurred in hospital or institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

HENRY DANIELS.
 (a) Residence, No. 4136 FINNEY, AVE. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-15-1913

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
 27 3 1

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer
 9. Industry or business in which work was done, as saw mill, bank, etc. Steel Mill
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) STATE OR COUNTRY
 Little Rock, ARKANSAS

FATHER
 13. NAME Henry Daniels
 14. BIRTHPLACE (CITY OR TOWN) STATE OR COUNTRY
 Arkansas

MOTHER
 15. MAIDEN NAME Mamie Graves
 16. BIRTHPLACE (CITY OR TOWN) STATE OR COUNTRY
 Rodney, MISS.

17. INFORMANT (ADDRESS)
 Geneva Daniels
 4346 Cote Boulevard

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE
 Washington Park 3-19-41

19. FUNERAL DIRECTOR (NAME) (ADDRESS)
 Bennie Love
 3103 Washington Ave

20. FILED MAR 19 1941 J. W. Brudner Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/16/41 19

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....

I last saw h..... alive on 19..... Death is said to have occurred on the date stated above, at 3:20 a. m.

The principal cause of death and related causes of importance were as follows:

Hemorrhage of Pericardium following stabwound of left chest, inflicted with knife in the hands of one Geneva Daniels, Col., in home at 4136 Finney Ave., about 9:35 P. M.,

Other contributory causes of importance:
 March 15, 1941

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? Homicide Date of injury 3/15/41

Where did injury occur? St. Louis, Mo.
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
 In Home

Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify

(Signed) Alfred M. Jones, M. D.
 (Address)
 (Address)
 (Address)

WRITE PAINFULLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

I X1695

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 *Malvin Blackwood*

Licensed Embalmer No. *3962*

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, above space should be left blank.