

No. 2  
-1-4-41  
5-17-39  
I X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
DEC 22 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

36698

State File No. ....

Registration District No. ....

Primary Registration District No. 1003

Registrar's No. 8928

1. PLACE OF DEATH: 791  
(a) County.....  
(b) City or town..... St. Louis, Mo.  
(c) Name of hospital or institution: Homer Phillips Hospital  
(d) Length of stay: In hospital or institution..... 15 days  
In this community..... Life

2. USUAL RESIDENCE OF DECEASED:  
(a) State..... Mo. (b) County.....  
(c) City or town..... St. Louis,  
(d) Street No..... 3020 Marnice Pl.  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Alice Daniels  
3. (b) If veteran, name war..... no  
3. (c) Social Security No.....

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month November day 8, 1941  
year..... hour..... minute 20 A. M.  
21. I hereby certify that I attended the deceased from October 24, 1941  
November 8, 1941  
that I last saw him alive on November 8,  
and that death occurred on the date and hour stated above.

4. Sex female 5. Color or race negro  
6. (a) Single, widowed, married, divorced..... Widowed  
6. (c) Age of husband or wife if alive Deaf years

Immediate cause of death.....  
Metastatic Carcinoma of Cervix,  
Uterus and vaginal wall  
Due to..... Primary site in breast,  
Due to.....  
Other conditions..... 50  
(Include pregnancy within 3 months of death)

7. Birth date of deceased Jan 31 1911  
(Month) (Day) (Year)  
8. AGE: Years 30 Months 10 Days 23  
If less than one day hr. min.

Major findings:  
Of operations.....  
Of autopsy.....  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

9. Birthplace St. Louis, Mo.  
(City, town, or county) (State or foreign country)  
10. Usual occupation School Teacher  
11. Industry or business.....  
12. Name Major. Brown  
13. Birthplace Miss  
(City, town, or county) (State or foreign country)

MOTHER FATHER {  
14. Maiden name Maemie Campbell  
15. Birthplace St. Louis, Mo.  
(City, town, or county) (State or foreign country)  
16. (a) Informant Mrs. Maemie Brown  
(b) Address 3020 Marnice  
17. (a) Burial (b) Date thereof 11/11/41  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Washington Park  
18. (a) Signature of funeral director.....  
(b) Address 4447 N. Lechman Ave.  
19. (a) NOV 11 1941 (b) J. J. Brudeck  
(Date received local registrar) (Registrar's signature)

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?  
While at work?..... (Specify type of place) (e) Means of injury.....  
23. Signature J. R. Barrett (or, if other).....  
Address 2601 Whittier St. Date signed 11-10-41

(Licensed Embalmer's Statement on Reverse Side)

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.....

William C. McDowell....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

William C. McDowell  
Licensed Embalmer No. 2114

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.**