

S. No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **38623**

FILED JAN 14 1943

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **1119**

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Homer S. Phillips
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3103 Laclede
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **HERBERT DANIEL'S**

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

4. Sex M 5. Color or Race C 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife MATTIE DANIEL'S 6. (c) Age of husband or wife if alive 2 years

7. Birth date of deceased 1872
(Month) _____ (Day) _____ (Year) _____

8. AGE: Years 70 Months 4 Days 4 If less than one day _____ hr. _____ min.

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

10. Usual occupation Millman

11. Industry or business Steam Boat

12. Name unknown

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

14. Maiden name unknown

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

16. (a) Informant Mattie Masley

(b) Address 3103 Laclede ave

17. (a) Burial (b) Date thereof 6-12-42
(Burial, cremation, or removal) _____ (Month) (Day) (Year) _____

(c) Place: burial or cremation Washburn

18. (a) Signature of funeral director W. F. Walker

(b) Address 2702 St. Charles St

19. (a) DEC 31 1942 (b) _____
(Date received local registrar) _____ (Registrar's signature) _____

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month Dec day 30
year 1942 hour 2:00 minute P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Lobar Pneumonia

Due to _____

Due to _____

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? _____

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

23. Signature Alfred Perry (M. D. or other) _____
Address St. Louis Date signed 1/12/43

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....
not embalmed Registered Apprentice No.
working under my personal supervision.

Signed.....
A. F. Walton

Licensed Embalmer No.....

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.