

FILED FEB 18 1944  
 Registration District No. **3943**

Primary Registration District No. **1003**

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

**1. PLACE OF DEATH:**  
 (a) County St. Louis  
 (b) City or town St. Louis  
 (c) Name of hospital or institution: Albany Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution (Specify whether)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Mo (b) County 1717  
 (c) City or town St. Louis  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 2927 Sevier  
 (If rural, give location)  
 (e) Citizen of foreign country? (Yes or No)  
 If yes, name country 0

In this community \_\_\_\_\_ years, months or days

**3. (a) PRINT FULL NAME** Floyd Daniels

**3. (b) If veteran,** no name war no **3. (c) Social Security No.** 494-102670

**4. Sex** Male **5. Color of skin** White **6. (a) Single, widowed, married, divorced** Widowed

**6. (b) Name of husband or wife** Julia **6. (c) Age of husband or wife if alive** \_\_\_\_\_ years

**7. Birth date of deceased** August 1 1887  
 (Month) (Day) (Year)

**8. AGE:** Years 56 Months 6 Days 9 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

**9. Birthplace** Patterson Kentucky  
 (City, town, or county) (State or foreign country)

**10. Usual occupation** Pipe Fitter

**11. Industry of business** Busch-Seltzer Brewing Co.

**12. Name** Thomas Daniels

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

**14. Maiden name** Annie Wagner

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

**16. (a) Informant** Robert Daniels  
 (b) Address 2141 Michigan

**17. (a) - (Burial, cremation, or other)** Valley Park, Mo. (b) Date thereof 2-14-44  
 (Month) (Day) (Year)

**18. (a) Signature of funeral director** Chas. F. Stuart  
 (b) Address 1275 Union Blvd.  
**19. (a)** FEB 12 1944 (b) J. F. Budick  
 (Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month Feb day 10 year 1944 hour 9:05 minute P.M.

**21. I hereby certify that I attended the deceased from** 2-8-44, 19\_\_\_\_ to 2-10-44, 19\_\_\_\_;  
 that I last saw h. l. m. alive on 2-10-44, 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Heart Disease Duration \_\_\_\_\_

Due to Contributory Cause

Due to Pneumonia, Bronch. 2 da.

Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

Major findings: 94

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

**22. If death was due to external causes, fill in the following:**

(a) Accident, suicide, or homicide (specify) No.

(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) Means of injury S

**23. Signature** J. F. Swehorby (M. D. or other) M.D.  
 Address 1935 Park Date signed 2-11-44

**PHYSICIAN**  
 Underline the cause to which death should be charged statistically.

*Notarized  
Munich, Pa.  
1935*

**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..... *J W Wilkinson*  
Licensed Embalmer No..... *3575*  
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.**