S. No. 2
M—5-42
5-17-39
PI X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 24 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 4125

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 1433

1. PLACE OF DEATH:

(a) County ST. LOUIS

(b) City or town (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St Johns Hosp D (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 MO (b) County ST. Louis County

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

(d) Street No. 4121 Begg Blvd (Rural, give location)

(e) Citizen of foreign country? (~~Yes~~ or No)

If yes, name country

3. (a) PRINT FULL NAME BETTY J. DANIEL

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife —

6. (c) Age of husband or wife if alive — years

7. Birth date of deceased FEB (Month) 19 (Day) 1926 (Year)

8. AGE: Years 18 Months 11 Days 23 If less than one day hr. min.

9. Birthplace GRANITE CITY (City, town, or county) Ill (State or foreign country)

10. Usual occupation School Girl

11. Industry or business NORMANDY High

FATHER
12. Name Griffith DANIEL
13. Birthplace South WALES England (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Margaret JONES
15. Birthplace Ohio (City, town, or county) (State or foreign country)

16. (a) Informant Griffith Daniel

(b) Address 4121 Begg BLVD ST. LOUIS C.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Feb 14 1945 (Month) (Day) (Year)

(c) Place: burial or cremation Edwardsville, Ill SUNSET Hill, Cemetery

18. (a) Signature of funeral director Provost Und Co.

(b) Address 3710 N Grand Blvd

19. (a) FEB 13 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

844

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 12 year 1945 hour 1 minute 31 A.M.

21. I hereby certify that I attended the deceased from 11/24/44, 19, to 2/12, 1945; that I last saw her alive on 2/11/45, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pulmonary tuberculosis	3 mo.
Due to —	
Due to —	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations —	
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? Means of injury —

23. Signature [signature] (M. D. or other)

Address 462 No. Taylor Date signed 2/12/45

(Licensed Embalmer's Statement on Reverse Side)

Dr J. B. Devine
462 N Taylor 7-8
Jeff 5-365 1-2
Fland 5811

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 Earl E. Provost

Licensed Embalmer No. 1578

P. O. Address 3710 N. Grand Blvd

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.