

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. _____

Primary Registration District No. _____

Registrar's No. 11036

1. PLACE OF DEATH:

(a) County _____

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

(c) Name of hospital or institution:
1128 Bayard Ave
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
in this community _____ one year years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

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

(d) Street No. 1128 Bayard Ave.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mose Daniels

3. (b) If veteran, name war none

3. (c) Social Security No. 492-30-304

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 14
year 1945 hour 9 minute 35 M.

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

4. Sex male 5. Color or race col.

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

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased Apr 7 1893
(Month) (Day) (Year)

Immediate cause of death _____

Cerebral Infarction
gangrene Rt Toe Right

8. AGE:	Years	Months	Days	If less than one day
	<u>52</u>	<u>8</u>	<u>7</u>	hr. _____ min.

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

9. Birthplace Lake Village Ark.
(City, town, or county) (State or foreign country)

10. Usual occupation Cleaner

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

11. Industry or business Park Plaza Hotel

12. Name Charlie Daniels

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 Arrenna Daniels

(b) Address 1128 Bayard Ave.

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? _____

17. (a) Burial (b) Date thereof 12-19-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Allen Ruiles

(b) Address 3506 Franklin Ave.

19. (a) DEC 18 1945 (b) J. F. Bredeek
(Date received local registrar) (Registrar's signature)

While at work _____ (Specify type of place) (c) Means of Injury _____

23. Signature John T. ... (M. D. or other) _____
Address Key ... Date signed 12/18/45

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

MOTHER FATHER

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.....

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.

James A. Johnson
3522
3506 Franklin
No. 7217