

S. No. 2
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5-17-39
P I X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 23 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2389
Registrar's No. 303

Registration District No. 318 Primary Registration District No. 1003

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 Phillips
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution less than 24 hrs
(Specify whether years, months or days)
In this community over 25 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County St Louis
(c) City or town St Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2709 Washington
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Haniet H Daniels
3. (b) If veteran, name war —
3. (c) Social Security No. —

4. Sex F 5. Color or race Col.
6. (a) Single, widowed, married, divorced W 2
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased Unknown
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
About 56 hr. min.

9. Birthplace: Greenville, Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business —

MOTHER, FATHER {
12. Name William Bradford
13. Birthplace Greenville, Ill.
14. Maiden name Elizabeth Broder
15. Birthplace Jackson, Ark.
(City, town, or county) (State or foreign country)

16. (a) Informant Sadie Mae Jackson
(b) Address 2709 Washington
17. (a) Burial, cremation, or removal Burial
(b) Date thereof 1-22-47
(Month) (Day) (Year)
(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director J. G. Beal
(b) Address 2726 Buggy Ave
19. (a) JAN 10 1947 (b) J. G. Beal
(Date received local register) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 1 day 7
year 47 hour 33 minute A 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 CARCINOMA of LIVER WITH METASTASIS of LUNG
Due to _____

Due to _____
Other conditions (Include pregnancy within 3 months of death) None

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 a work? _____ (Specify type of place)
Means of injury 3
23. Sign Catriel E Taylor
Address 1300 Clark Date signed 1-10-47

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *Vare Thompson Kelso*

Licensed Embalmer No. *4435*

P. O. Address..... *2726 Lucas*

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.