

FILED JAN 24 1949

Registration District No. **277**

Primary Registration District No. **6076**

Registrar's No. **2885**

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Manchester  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Pine Crest Nursing Home  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 years  
(Specify whether years, months or days)  
In this community 3 years

3. (a) PRINT FULL NAME EMMETT McDANIELS

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M Color or race W

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

6. (b) Name of husband or wife Mary 6. (c) Age of husband or wife if alive years

7. Birth date of deceased October 22, 1868  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
80. 2 5 hr. min.

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

10. Usual occupation Carpenter  
Retired

11. Industry or business John McDaniels

12. Name John McDaniels

13. Birthplace Missouri  
(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 Mrs. Joseph T. Miller

(b) Address 6655 Lansdowne Avenue

17. (a) Burial (b) Date thereof 12-29-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Baurel Hill Gardens  
A.W. McLaughlin's

18. (a) Signature of funeral director

(b) Address 2301 Lafayette Avenue

19. (a) 12-28-48 (b) Arthur McLaughlin  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town Manchester  
(If outside city or town limits, write "RURAL")  
(d) Street No. U S Highway #50  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 27<sup>th</sup>  
year 1948 hour 6 minute A M.

21. I hereby certify that I attended the deceased from Feb 18  
1946 to Dec 22 1948

that I last saw him alive on Dec 20 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death cerebral hemorrhage Duration  
hypertension

Due to 830

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 317

Of autopsy

PHYSICIAN

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 A. J. Merklein M.P. (M. D. number)

Address 3507 Potomac Date signed 12-27-48

2024

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**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..... *R W Cooper*

Licensed Embalmer No. *3830*

P. O. Address..... *2501 Lafayette*

**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.**