

FILED OCT 7 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31697

State File No. 8053

1003

546

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

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO.		Registrar's No.			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri				b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis					
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G. Phillips				d. STREET ADDRESS 2984 Gamble Street					
3. NAME OF DECEASED (Type or Print) a. (First) Carl			b. (Middle)		c. (Last) Daniels		4. DATE OF DEATH (Month) (Day) (Year) Sept. 14, 1949		
5. SEX Male	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH May 25, 1900		9. AGE (In years last birthday) 49	10. UNDER 1 YEAR Months 3	11. UNDER 24 HRS. Days 19	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chipper		10b. KIND OF BUSINESS OR INDUSTRY Steel Industry		11. BIRTHPLACE (State or foreign country) Miss.		12. CITIZEN OF WHAT COUNTRY? U. S. A.			
13a. FATHER'S NAME William Daniels			13b. MOTHER'S MAIDEN NAME Function, Annie		14. NAME OF HUSBAND OR WIFE Florence Daniels				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Vernon Lee		ADDRESS 2934 Gamble St.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ANTECEDENT CAUSES					
				Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Cerebral Apoplexy</i>					
				DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS					
Conditions contributing to the death but not related to the disease or condition causing death.									
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		830			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 334X					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on Sept. 14, 1949, and that death occurred at 1:45 Am., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <i>Walter Henry Spaylorn</i>				23b. ADDRESS 1300 Clark		23c. DATE SIGNED 9/15/49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-20-49	24c. NAME OF CEMETERY OR CREMATORY Father Dicksons		24d. LOCATION (City, town, or county) (State) Kirkwood, Missouri				
DATE REC'D BY LOCAL REG. SEP 18 1949		REGISTRAR'S SIGNATURE <i>J. B. Laster</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>E. B. Howell</i>		ADDRESS 1221 N. Grand			

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed _____

Jeffrey C. Cooper

Licensed Embalmer No. *4600*

P. O. Address _____

1221 N. Grand

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.