

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. 2701  
 Registrar's No. 0942

FILED FEB 14 1952

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>E. St. Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>People's Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>1518 Tudor Avenue</b>	
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
a. (First) <b>SENIE</b>		b. (Middle) <b>DANIEL</b>	
c. (Last) <b>DANIEL</b>		(Month) (Day) (Year) <b>Jan. 28, 1952</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Dec. 17, 1889</b>
9. AGE (In years last birthday) <b>62</b>		10. MONTHS <b>62</b>	11. DAYS <b>62</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House Wife</b>		11. BIRTHPLACE (State or foreign country) <b>Miss</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13. FATHER'S NAME <b>Henderson Lee Walker</b>	
13b. MOTHER'S MAIDEN NAME <b>Ollie Long</b>		14. NAME OF HUSBAND OR WIFE <b>Louis Daniels</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <b>Louis Daniel</b>		ADDRESS <b>1518 Tudor Ave.</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b>		INTERVAL BETWEEN ONSET AND DEATH <b>5 days</b>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
DUE TO (b) <b>Unknown</b>		DUE TO (c) <b>Unknown</b>	
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 type="checkbox"/> NO <input checked="" 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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR <b>281X</b>			
22. I hereby certify that I attended the deceased from <b>Jan 18, 1952</b> to <b>Jan 28, 1952</b> , that I last saw the deceased alive on <b>Jan 23, 1952</b> , and that death occurred at <b>4:00</b> m., from the causes and on the date stated above.			
23a. SIGNATURE <b>Wm T. Gueno M.D.</b>		23b. ADDRESS <b>1228 Piggott</b>	
23c. DATE SIGNED <b>1/28/52</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>2/4/52</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Booker Washington</b>		24d. LOCATION (City, town, or county) (State) <b>Carrollville, Ill.</b>	
DATE REC'D BY LOCAL REG. <b>JAN 31 1952</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>J. Carl Smith</b>	
26. ASSISTANT'S SIGNATURE <b>M. B. Green</b>		ADDRESS <b>3517 Laclede</b>	

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

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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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Edgar H. Green*

Licensed Embalmer No. *4521*

P. O. Address *3517 Leaside*

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.