

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**2699**

State File No. ....

**FILED JAN 26 1954**

**318**

**1003**

**0194**

BIRTH NO. _____		REG. DIST. NO. _____		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 <b>Missouri</b> b. COUNTY _____			
b. CITY OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <b>St. Louis.</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Homer G Phillips Hospital</b>				e. STREET ADDRESS <b>1126 1/2 Hadley</b>		25 22590	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Ellen</b>		b. (Middle) _____		c. (Last) <b>Daniels</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>January 6 1954</b>	
5. SEX <b>F</b>		6. COLOR OR RACE <b>Negro</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Oct. 25, 1894</b>	
9. AGE (in years last birthday) <b>59</b>		f UNDER 1 YEAR Months _____ Days _____		g UNDER 10 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>				10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <b>Clarksdale, Mississippi</b>	
12. CITIZEN OF WHAT COUNTRY? _____		13a. FATHER'S NAME <b>Unknown</b>		13b. MOTHER'S MAIDEN NAME <b>Louise Farmer</b>		14. NAME OF HUSBAND OR WIFE <b>Lewis Daniels</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Lewis Daniels, 1126 1/2 Hadley</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))				18. MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Epidermoid Carcinoma of Cervix</b>				INTERVAL BETWEEN ONSET AND DEATH <b>Undet.</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.				II. OTHER SIGNIFICANT CONDITIONS <b>Uremia</b>			
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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>171X</b>			
22. I hereby certify that I attended the deceased from <b>12-30</b> , 19 <b>53</b> , to <b>1-6</b> , 19 <b>54</b> , that I last saw the deceased alive on <b>1-6</b> , 19 <b>54</b> , and that death occurred at <b>8:30 A</b> m., from the causes and on the date stated above.							
23. SIGNATURE (Degree or title) <b>Arnold L Johnson M. D.</b>				23b. ADDRESS <b>2601 N Whittier St</b>		23c. DATE SIGNED <b>1-7-54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) _____		24b. DATE <b>Jan. 11, 1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Oakdale</b>		24d. LOCATION (City, town, or county) (State) <b>Lemay, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>JAN 8 1954</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith MD</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>E. B. Kaouce</b>		ADDRESS <b>1221 N. Grand</b>	

(Licensed Embalmer's Statement on Reverse Side)

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.....  
Signature of Student Embalmer

Signed *Gayton Seaman*.....

Licensed Embalmer No. *450*

P. O. Address *1221 1/2 St*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.