

FILED OCT 26 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

35277

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

Registrar's No. ....

8438

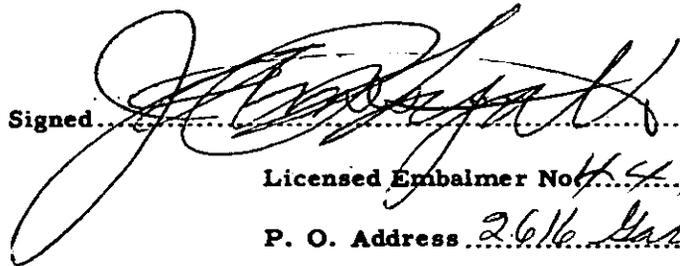
1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) ST. Louis		c. CITY OR TOWN ST. Louis	
c. LENGTH OF STAY (in this place) 20Yrs		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <del>Imperial</del> Homer G. Phillips Hospital		e. STREET ADDRESS (If rural, give location) 2725, A, Market Blvd 22190	
3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) Daniels c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) 9 - II - 1954	
5. SEX Male	6. COLOR OR RACE Col.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH II / 16 / 1898
9. AGE (In years last birthday) 55		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Utility Man	11. BIRTHPLACE (City and State or Foreign Country) Little Rock Arkansas
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Utility Man		10b. KIND OF BUSINESS OR INDUSTRY J.C. Penny Co.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME William Daniels		13b. MOTHER'S MAIDEN NAME Maria Harris	14. NAME OF HUSBAND OR WIFE Birdie Wilson Daniels
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. World War # I	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Birdie Daniels 2725, A, Market Blvd.
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: Exsanguination from stab wound of the right Pulmonary Vein ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (see hands of one Stella Melburn) II. OTHER SIGNIFICANT CONDITIONS in front of about 825th Jefferson Interval between onset and death stabbed about 10:15 PM Sept 11 1954 Homicide	
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, in car, in factory, street, etc.) Street	21c. (CITY, TOWN, OR TOWNSHIP), (COUNTY) St. Louis	21d. (STATE) E982x
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? See above	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 11:30 p.m., from the causes and on the date stated above.			
23a. SIGNATURE Deputy Registrar		23b. ADDRESS 1300 Clark	23c. DATE SIGNED 9/13/54
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 9/15/54	24c. NAME OF CEMETERY OR CREMATORY National Cemetery Jefferson Barracks	24d. LOCATION (City, town, or county) (State) St. Louis, Missouri
DATE REC'D BY LOCAL REG. SEP 14 1954	REGISTRAR'S SIGNATURE Carl Smith	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 2616, No. Garrison Ave.	

WRITE PLAINLY—USING 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 ..... Student Embalmer No. ....  
working under my personal supervision..

Student .....  
Signature of Student Embalmer

Signed  .....  
Licensed Embalmer No. 4454  
P. O. Address 2616 East

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.