MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

15959

1. PLACE OF DEATH

County ..... Registration District No. 791 ~~1002~~ File No. .....

Township ..... Primary Registration District No. ..... Registered No. 3964

City St Louis Mo (No. 2821 N. 12th St ..... St. ..... Ward)

2. FULL NAME Francis E. Daniels

(a) Residence. No. 2821 N. 12th St St., 26 Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF .....

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 10 - 1924

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	4	11	22	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work ✓
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) St Louis Mo
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Francis Daniels.

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Missouri
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Ruth Workman

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Missouri
(STATE OR COUNTRY)

14. INFORMANT Francis Daniels
(Address) 2821 N. 12th St

15. FILED [illegible] 19[illegible] [signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 2nd 1929

17. I HEREBY CERTIFY, That I attended deceased from March 28th, 1929, to April 2nd, 1929 that I last saw him alive on April 2nd 1929, and that death occurred, on the date stated above, at 5 15 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Scarlet Fever

8 (duration) ..... yrs. ..... mos. 8 ds.

CONTRIBUTORY (SECONDARY) ✓

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED ✓

IF NOT AT PLACE OF DEATH .....

0 DID AN OPERATION PRECEDE DEATH? No DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? None

(Signed) Edwin J. Frankel, M. D.

4/2, 1929 (Address) 2806 No 12th

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Vienna Mo	April 3 1929
20. UNDERTAKER	**ADDRESS**
Hy Leidner Und Co	1417 N. Market St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD