

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

Do not use this space.

42232

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Township..... Primary Registration District No. 10438  
 City St. Louis Mo (No. En route) City Hospital #2 File No. 11362  
 Registered No. 11362 Ward

**2. FULL NAME**

Fred Daniels  
 (a) Residence, No. 2316 Adams St. 22 Ward. (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mollie Daniels  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-18-1878  
 7. AGE YEARS 54 MONTHS 9 DAYS 10 If LESS than 1 day, hrs. or min.  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer 231  
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss

FATHER 13. NAME Robert Daniels

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss

MOTHER 15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Mollie Daniels  
 (ADDRESS) 2316 Adams

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Washington Park Cem DATE Dec. 24 1932

19. UNDERTAKER W. S. Wade Undertaking Co  
 (ADDRESS) 4202 Finney Ave

20. FILED DEC 21 1932 Max C. Sullivan  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

Dr. Phyllis in Attendance  
 21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-18- 1932

22. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to ..... 19.....  
 I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 8:10 p.m.

The principal cause of death and related causes of importance were as follows:  
Chronic Tuberculosis of Right Lung

Tubercular Haemorrhage  
23A  
23B  
 Other contributory causes of importance: 23

Name of operation..... Date of.....  
 What test confirmed diagnosis?..... Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide?..... Date of injury..... 19.....  
 Where did injury occur?..... (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....  
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....  
 If so, specify.....  
 (Signed) Phyllis, M. D.  
 (Address) Deputy Coroner

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

