Isolation Hospital

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

Do not use this space.
32811

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis Mo. (No. ....., ... St. ..... Ward)

File No. .....

Registered No. 8865

2. FULL NAME Annie Daniels.

(a) Residence, No. 910 Julia St., 23 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Married.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 16th 1869

7. AGE: Years 68 Months 5 Days 26 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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. House Wife.

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): Mississippi.

FATHER

13. NAME: Jack Price.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tennessee.

MOTHER

15. MAIDEN NAME: Warner

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tennessee.

17. INFORMANT: Stella Grady.
(ADDRESS) 5600 Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE New St. Marcus DATE Sept. 25- 1937

19. UNDERTAKER: Wacker-Helderle
(ADDRESS) 2331 Broadway

20. FILED ..... 19..... J. F. Biedeck
Registrar.

SEP 23 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 9-22-1937

22. I HEREBY CERTIFY, That I attended deceased from 9-19-, 1937, to 9-22-, 1937

I last saw h. alive on 9-22-, 1937. Death is said to have occurred on the date stated above, at 3:15 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Encephalitis, Epidemic	

Other contributory causes of importance:

Name of operation — Date of .....

What test confirmed diagnosis? clinical Was there an autopsy? no

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) Henry L. Ulrich, M. D.

(Address) 5600 Arsenal

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.

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