

REC'D JUL 12 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

20107

Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **891**
 (b) Township Primary Registration District No. **1003**
 (c) City **ST. LOUIS, MO.** (d) Street No. **2945 THOMAS ST.** St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. **5246**

2. PRINT FULL NAME

ADEL H DANIELS
 (a) Residence, No. **2945 THOMAS** St. **21** (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **FEMALE** 4. COLOR OR RACE **Col** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **WIDOW**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **APRIL 6 - 1871**

7. AGE YEARS **67** MONTHS **2** DAYS **10** If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **HOUSEWIFE**
 9. Industry or business in which work was done, as saw mill, bank, etc. **SELF**
 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 **ANDERSON HARRIS**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **MISS.**

MOTHER 15. MAIDEN NAME **ELNA JOHNSON**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **MISS.**

17. INFORMANT (ADDRESS) **EARNEST COOK**
2945 THOMAS ST.

18. BURIAL, CREMATION, OR REMOVAL PLACE **WASHINGTON PARK** DATE **6/10/38**

19. FUNERAL DIRECTOR (ADDRESS) **EMMER F. DETTIG**
3030 BETH

20. FILED **8 1938** **J. B. Prueber** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **JUNE 6 1938**

22. I HEREBY CERTIFY, That I attended deceased from **FEBRUARY 8 1938** to **JUNE 6 1938**

I last saw her alive on **JUNE 3 1938**. 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:

DIABETES MELLITUS Date of onset **1936**

Other contributory causes of importance

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

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) **W. H. G. Clark** M. D.

(Address) **2050 A WASHINGTON**

STATEMENT BY LICENSED EMBALMER

I, Chas. James, Licensed Embalmer No. 2349

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

L. E.

No..... or by..... Registered Apprentice No.....
working under my personal supervision.

Signed Chas. James

Licensed Embalmer No. 2349

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.)