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

791

Do not use this space. 8885

1. PLACE OF DEATH

(a) County ..... Registration District No. 1003

(b) Township or City St Louis ..... Primary Registration District No. ..... Registered No. 2368

(c) City ..... (d) Street No. St. Marys Infirmary 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. 11 ds. (f) How long in U. S., if of foreign birth? yrs. mos. 11 ds.

2. PRINT FULL NAME Charley James Daniel

(a) Residence, No. 14125 J. St. East St Louis N.R. East St Louis Ills. ~~Mo.~~
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 26-1940

7. AGE YEARS — MONTHS — DAYS 12 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Baby
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) E. St Louis Ill.

FATHER
13. NAME Oscar Daniel
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shuqulak Miss

MOTHER
15. MAIDEN NAME Winnie Stockett
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shuqulak Miss

17. INFORMANT (ADDRESS) Oscar Daniel E. St. Louis Ill.

18. BURIAL, CREMATION, OR REMOVAL
PLACE E. St. Louis DATE 3-14, 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wm E Effers E. St. Louis Illinois

20. FILED MAR 11 1940 J. F. Credeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 9, 1940

22. I HEREBY CERTIFY, That I attended deceased from 3/7, 1940, to 3/9, 1940
I last saw him alive on 3/9, 1940 Death is said to have occurred on the date stated above, at 2:00 p.m.
The principal cause of death and related causes of importance were as follows:

Spinal bifida c̄ meningocoele, ruptured & infected

Date of onset

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) Ralston S. Mitchell, M. D.
(Address) 1536 Papin St.

(Licensed Embalmer's Statement on Reverse Side)

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.

X16805

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.