

FILED OCT 18 1941

1003

Registration District No. 791

Primary Registration District No. _____

Registrar's No. 7312

1. PLACE OF DEATH:

(a) County _____
(b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Homer G Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
In this community Life
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St Louis 25 17
(If outside city or town limits write "RURAL") F
(d) Street No. 1522 a Franklin
(If rural, give location) 0
(e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME Henry Daniels

3. (c) Social Security No. _____
8. (b) If veteran, name war _____

4. Sex male 5. Color or race Negro
6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 3rd 1923
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
18 2 4 hr. _____ min.

9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation School Boy

11. Industry or business _____

12. Name Charlie Daniels

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Claxton

16. Birthplace Tallulah, Ia.
(City, town, or county) (State or foreign country)

16. (a) Informant Sarah Daniels

(b) Address 1522a Franklin Ave.

17. (a) Burial (b) Date thereof 9/13/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cem.

18. (a) Signature of funeral director W. S. Wade Und. Co.

(b) Address 4202 Finney Ave

19. (a) SEP 10 1941 (b) J. B. Bredich
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 7
year 1941 hour 12:15 minute _____ A. M.

21. I hereby certify that I attended the deceased from Sept 5, 1941, to Sept 7, 1941;
that I last saw him alive on Sept 7, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Appendiceal Abscess Duration 2 days

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature W. E. A. Ford (M.-D. or other) U

Address 2601 N Whittier Date signed 9-8-41

Duration

2 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

00
170
9

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.....

.....
working under my personal supervision.

....., Registered Apprentice No.

Signed.....

Licensed Embalmer No. *2498*

P. O. Address *2769 Route*

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.)

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