

FILED MAR 10 1942

Registration District No. 184

Primary Registration District No. 2nd

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Koel
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Robert Koel Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 mos + 7 days
(Specify whether years, months or days)
In this community 15 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3903 West Belle Apt. 28
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME De Quincy Dangerfield

3. (b) If veteran, name war _____ 3. (c) Social Security No. 488-16-8431

4. Sex male 5. Color or race Negro 6. (a) Single, widowed, married, divorced married
7. (b) Name of husband or wife Josephine Dangerfield 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased July 4, 1908
(Month) (Day) (Year)

8. AGE: Years 33 Months 8 Days — If less than one day _____ hr. _____ min.

9. Birthplace Pine Bluff, Ark
(City, town, or county) (State or foreign country)

10. Usual occupation Cleaning & pressing

11. Industry or business _____

12. Name D. Q. Dangerfield

13. Birthplace New Edinburgh, Ark
(City, town, or county) (State or foreign country)

14. Maiden name Willa Smith

15. Birthplace New Edinburgh, Ark
(City, town, or county) (State or foreign country)

16. (a) Informant Hosiphine Dangerfield

(b) Address 3903 W. Belle Ave Apt. 28

17. (a) Removal (b) Date thereof 3-6-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pine Bluff, Ark.

18. (a) Signature of funeral director Ellis F. Fox, Home

(b) Address 2229 St. Edward St.
19. (a) MAR - 6 1942 (b) D. M. Garrison
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 4 year 1942 hour 7 minute 40 P. M.

21. I hereby certify that I attended the deceased from November 25, 1941 to March 4, 1942
that I last saw him alive on March 3, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic pulmonary tuberculosis

Due to _____

Due to _____

Other conditions diff. thrombocytosis
(Include pregnancy within 3 months of death)

Major findings: Of operations [Signature]
Of autopsy _____

Duration 2 mos + 10 days

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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 Frank H. Stanley (M. D. or other) M.D.

Address Robert Koel Hospital Date signed 3-5-42

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

MIC 2

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 L. Boyer
....., Registered Apprentice No. my
working under my personal supervision.

Signed Lornie Boyer
.....
Licensed Embalmer No. 2946
P. O. Address St Louis Mo

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, fact should be so stated above.