

FILED APR 13 1942
Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 2857

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
(b) City or town _____
(c) Name of hospital or institution: Homer Phillips Hospital
(d) Length of stay: In hospital or institution. 1 mo. 1 day
In this community 20 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(d) Street No. 900 Sheeny Place
(e) Citizen of foreign country? _____
If yes, name country _____

3. (a) PRINT FULL NAME Wallace Daniels

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

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. Unknown

8. AGE: Years about 70 Months _____ Days _____ If less than one day _____ hr. _____ min.

9. Birthplace Texas

10. Usual occupation _____

11. Industry or business _____

12. Name Unknown
13. Birthplace Unknown
14. Maiden name Unknown
15. Birthplace Unknown

16. (a) Informant _____ (b) Address 2601 N. Whittier

17. (a) Date thereof 3-31-42
(b) Place: burial or cremation Funerary Home

18. (a) Signature of funeral director J. F. Bredbeck

(b) Address 3500 Ritz

19. (a) MAR 31 1942 (b) J. F. Bredbeck

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15, year 1942 hour 1 minute 45 P. M.

21. I hereby certify that I attended the deceased from February 14, 1942 to March 15, 1942

that I last saw him alive on March 15, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Generalize Arteriosclerosis Duration Unknown

Due to _____

Due to _____

Other conditions _____

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? _____

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

While at work? _____ (e) Means of injury _____

23. Signature J. W. Johnson (M. D. or other) _____

Address 2601 N. Whittier Date signed _____

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

MOTHER FATHER

20
17
9

Handwritten scribbles and marks in the upper right corner.

Handwritten number 257920 in the center of the page.

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 comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.