. No. 2
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FILED

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FEB 2 1943

Registration District No. 818

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1004

State File No. 172

Registrar's No. 804

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 O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 13 days
In this community 26 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 3218 Pine
(If rural, give location)

(e) If foreign born, how long in U. S. A.? O years.

3. (a) PRINT FULL NAME Daniel Dancer

3. (b) If veteran, name war

3. (c) Social Security No. unknown

4. Sex Male

5. Color or Race Negro

6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife

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

7. Birth date of deceased Feb. (Month) 14 (Day) 1885 (Year)

8. AGE: Years 57 Months 11 Days 10 If less than one day hr. min.

9. Birthplace Miss. (City, town, or county) (State or foreign country)

10. Usual occupation Janitor

11. Industry or business

MOTHER FATHER

12. Name Dan Dancer

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

14. Maiden name unknown

15. Birthplace Miss. (City, town, or county) (State or foreign country)

16. (a) Informant Lula Parran

(b) Address 4036 A Aldine Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 29, 43 (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Atkins Bros. Undt. Co.

(b) Address 3644 Finney

19. (a) JAN 26 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 24 year 1943 hour 12 minute 15 A.M.

21. I hereby certify that I attended the deceased from January 12, 1943 to January 24, 1943 that I last saw him alive on January 24, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Lobar Pneumonia	Unknown
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations

Of autopsy

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Dr. A. K. Fleet O (M. D. or other)

Address 2601 N Whittier Date signed 1-20-43

(Licensed Embalmer's Statement on Reverse Side)

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.....Louis V. Atkins

Licensed Embalmer No. 2842

P. O. Address 3644 Finney A

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.