S. No. 2
M—5-43
. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 7 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 25909

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 7663

1. PLACE OF DEATH:

(a) County: St. Louis, Missouri

(b) City or town: (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Homer G. Phillips Hospital 0

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

(d) Length of stay: In hospital or institution 20 days (Specify whether years, months or days)

In this community 22 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: 000

(c) City or town: St. Louis, 17 (If outside city or town limits, write "RURAL")

(d) Street No.: 2836 Clark 9 22 (If rural, give location)

(e) Citizen of foreign country? 6 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME: George McDaniel

3. (b) If veteran, name war

3. (c) Social Security No. 493-07-3448

4. Sex: Male 2

5. Color or race: Col.

6. (a) Single, widowed, married, divorced: Married /

6. (b) Name of husband or wife: Estelle McDaniel

6. (c) Age of husband or wife if alive: 38 years

7. Birth date of deceased: Jan., 31, 1900 (Month) (Day) (Year)

8. AGE: Years 45 | Months ~~8~~ | Days 28 | If less than one day ___ hr. ___ min.

9. Birthplace: St. Mary' Parish (City, town, or county) La. / (State or foreign country)

10. Usual occupation: Laborer

11. Industry or business: Scullins Steel Co.

FATHER
12. Name: Tucker McDaniel
13. Birthplace: Columbia (City, town, or county) Miss. / (State or foreign country)

MOTHER
14. Maiden name: Celeste Collins
15. Birthplace: St. Mary' Parish (City, town, or county) La. / (State or foreign country)

16. (a) Informant: Estelle McDaniel
(b) Address: 3107a. Sheridan Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 9/4/45 (Month) (Day) (Year)
(c) Place: burial or cremation: Washington Pk. Cem.

18. (a) Signature of funeral director: Ellis Fun. Home
(b) Address: 2820 Stoddard St.

19. (a) SEP 1 1945 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 29, year 1945 hour 2 minute 05 P. M.

21. I hereby certify that I attended the deceased from August 9, 1945 to August 29, 1945; that I last saw him alive on August 29, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Diabetes Mellitus with Hypoglycemia	Unk.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 61	

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: B. F. Murphy (M. D. or other)
Address: 2607 N. Whittier Date signed: 8/29/45

(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 L Boyk

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

Signed Lonnie Boykin

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.