

No. 2
M-5-43
7. 5-17-39
I X36671

DEPARTMENT OF COMMERCE THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF THE CENSUS
FILED APR 17 1946 STANDARD CERTIFICATE OF DEATH

State File No. **14973**
Registrar's No. **3063**

Registration District No. **318** Primary Registration District No. **1003**

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5441 Claxton Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County lao
(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 7 17
(d) Street No. 5441 Claxton Ave.
(If rural, give location) 9
(e) Citizen of foreign country? _____ (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME Elsie Jane McDaniels
3. (b) If veteran, name war Nil 3. (c) Social Security No. None
4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Robert McDaniels 6. (c) Age of husband or wife if alive 79 years
7. Birth date of deceased September 29 1865
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 1
year 1946 hour 5:30 minute A. M.
21. I hereby certify that I attended the deceased from 4-1-46
1-4-46, 1946, to _____, 19____;
that I last saw her EX alive on 4-1-46, 1946
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
80 5 2 _____ hr. _____ min.

Immediate cause of death CHRONIC MYOCARDITIS
Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)
Major findings:
Of operations _____
Of autopsy _____

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

10. Usual occupation Housewife

11. Industry or business _____
12. Name Thomas French
13. Birthplace Unknown Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown Unknown 9
(City, town, or county) (State or foreign country)

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) Manner of injury _____

16. (a) Informant Robert McDaniels
(b) Address 5441 Claxton Ave.

17. (a) Removal (b) Date thereof 4-2-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Paris, Tennessee

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) APR 1 1946 (b) J. F. Bredbeck
(Date received local registrar) (Registrar's signature)

23. Signature James T. Cook (M. D. or other) _____
Address 5536 Kellie Ave Date signed 4-1-46

(Licensed Embalmer's Statement on Reverse Side)

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

13875

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 *Henry M. Brammer*

Licensed Embalmer No: *4200*

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.