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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 6 1947

Registration District No. 3/7

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 7295

Primary Registration District No. 3070

Registrar's No. 465

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: # 3 Claiborne Place. (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 St. Louis 96

(c) City or town Webster Groves, (If outside city or town limits, write "RURAL") 7

(d) Street No. # 3 Claiborne Place. (If rural, give location) 4

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME JOSEPH A. DANIELS.

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Divorced 2

6. (b) Name of husband or wife Rhoda Challenor Daniels

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

7. Birth date of deceased Nov. (Month) 22 (Day) 1878 (Year)

8. AGE: — Years 68 Months 3 Days 10 If less than one day hr. min.

9. Birthplace Fort Worth, (City, town, or county) Texas (State or foreign country) 1

10. Usual occupation Retired; Candy Supt.

11. Industry or business Blanke-Wenecke Candy Co.

FATHER
12. Name Peter Daniels.
13. Birthplace Manchester, (City, town, or county) England (State or foreign country) 4

MOTHER
14. Maiden name Eliza Smith.
15. Birthplace (City, town, or county) England. (State or foreign country) 4

16. (a) Informant Mr. Jack Daniels.

(b) Address 3 Claiborne Place.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/4/47 (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director C.R. Lupton & Sons.

(b) Address 7233 Delmar Blvd.,

19. (a) 3-4-47 (Date received local registrar) (b) Ruth J. Allen MD (Registrar's signature) MD

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 2nd year 1947 hour 6:15 minute A. M.

21. I hereby certify that I attended the deceased from 3/1/47, 19__ to 3/2/47, 19__; that I last saw him alive on 3/2/47, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	1 day
Due to — 940	
Due to —	
Other conditions — (Include pregnancy within 3 months of death)	

Major findings:
Of operations none
Of autopsy none

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) none

(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 — 0

23. Signature Frank P. Gaunt (M. D. or other) MD

Address 13 N. Gore, Webster Groves MO Date signed 3/2/47

(Licensed Embalmer's Statement on Reverse Side)

203 West Cedar.
RE-1700

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 Raymond L. Morris

Licensed Embalmer No. 4330

P. O. Address Maplewood, M

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.