

FILED AUG 21 1947

1003

Registration District No. 318

Primary Registration District No.

Registrar's No. 7562

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: 1952 O FALLON  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 YEARS (Specify whether years, months or days)

3. (a) PRINT FULL NAME HENRIETTA DANIEL

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

4. Sex F 3. Color or race Col 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased JAN 13 1877  
(Month) (Day) (Year)

8. AGE: Years 70 Months 7 Days 25  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation HOUSE WORK AT HOME

11. Industry or business

12. Name SHIELD PERRY

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

14. Maiden name FOLKIE

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

16. (a) Informant CREASY HARDICK

(b) Address 1952 O FALLON

17. (a) BURIAL (b) Date thereof 8/13/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation GREENWOOD CEM

18. (a) Signature of funeral director F. A. GREEN

(b) Address 2915 R. Franklin Ave

19. (a) AUG 10 1947 (b) J. J. Bredeek  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County 000  
(c) City or town ST. LOUIS 17  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1952 O FALLON 9  
(If rural, give location)  
(e) Citizen of foreign country? 25 (Yes or No) 0  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 8 year 1947 hour 6 minute 45 A.M.

21. I hereby certify that I attended the deceased from 21, 1947, to 21, 1947; that I last saw him alive on 21, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion  
(Myocardial Infarction)

Due to 94

Other conditions 94  
(Include pregnancy within 3 months of death)

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? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 1

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury 3

23. Signature Alfred Perry (M. D. or other) 11

Address 1952 O FALLON Date signed 8/14/47

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

MOTHER FATHER

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**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. 2963

P. O. Address 4915 Franklin

**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.**