S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36554

FILED OCT 29 1947

Registration District No. 317

Primary Registration District No. 2002

Registrar's No. 2253

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: Christian Old Peoples Home 5
(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 University City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 6600 Washington Avenue 5
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME HARRY DANIELS

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

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

7. Birth date of deceased February (Month) 22 (Day) 1870 (Year)

8. AGE:

Years	Months	Days	If less than one day
77	8	1	..... hr. ..... min.

9. Birthplace ..... (City, town, or county) Canada 21 (State or foreign country)

10. Usual occupation Night Watchman

11. Industry or business Christian Old Peoples Home

FATHER
12. Name William Daniels
13. Birthplace ..... (City, town, or county) Canada 21 (State or foreign country)

MOTHER
14. Maiden name Mirian Miles
15. Birthplace ..... (City, town, or county) Canada 21 (State or foreign country)

16. (a) Informant Christian Old Peoples Home
(b) Address 6600 Washington Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 25, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Shepard Funeral Home
(b) Address 1167 Hamilton Avenue

19. (a) 10-27-47 (Date received local registrar) (b) Beula J Sharp MD MSA (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October 23 day 1947
year 1 hour 00 minute P M.

21. I hereby certify that I attended the deceased from Oct 19, 1947 to Oct 23, 1947 that I last saw him alive on Oct 23, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Mitral Heart Lesion	?
Due to	
Due to 92 b	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN

Underline the cause of 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 0

23. Signature T. Rhyars (M. D. ~~or other~~)

Address 607 N Grand Date signed 10.24.47

Jefferson City Printing Co.

(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.....Elmo R. Cadwell.....

Licensed Embalmer No.....4077.....

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.