

FILED NOV 28 1947

1003

10651

Registration District No. 310

Primary Registration District No. ....

Registrar's No. ....

1. PLACE OF DEATH:

(a) County .....  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Peoples Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. 5 hours  
(Specify whether  
in this community  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County St. Clair  
(c) City or town East St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1109 North 4th St.  
(If rural, give location)  
(e) Citizen of foreign country? ..... (Yes or No)  
If yes, name country.

3. (a) PRINT FULL NAME Gloria Daniels

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Female 5. Color or race Col. 6. (a) Single, widowed, married, divorced, single

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

7. Birth date of deceased. November 18, 1947  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
0 0 0 5 hr. 5 min.

9. Birthplace St. Louis, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business Infant

12. Name John Daniel

13. Birthplace West Point, Mississippi  
(City, town, or county) (State or foreign country)

14. Maiden name Samella Bucie

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

16. (a) Informant John Daniel

(b) Address 1109 North 4th

17. (a) Removal (b) Date thereof 11-19-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation E. St. Louis, Ill.

18. (a) Signature of funeral director C. J. Nash

(b) Address 3847 Page Blvd.

19. (a) NOV 19 1947 (b) J. F. Brudeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 18th  
year 1947 hour 1 minute 00P M.

21. I hereby certify that I attended the deceased from 8 1/2 11-18-47  
to 12 1/2 11-18-47, 19.....  
that I last saw her alive on 11-18, 19.....  
and that death occurred on the date and hour stated above.

Immediate cause of death Asphyxia Neonatorum  
Duration 2

Due to .....  
Due to 16!

Other conditions 16!  
(Include pregnancy within 3 months of death)

Major findings: Small baby, wt 2 lbs 14 oz

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? .....

While at work? ..... (Specify type of place)  
(e) Means of injury .....

23. Signature Edmond F. Noel (M. D. ....)

Address 2221 Forest St Date signed 11-18-47

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

MOTHER FATHER

**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 *M. Francis Nash*  
Licensed Embalmer No. *4434*  
P. O. Address *3847 Sage*

**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.