No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2414 947

Registration District No. FILED FEB 9 1948 318

Primary Registration District No. 1003

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: 6112 Alabama 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 Mo. (b) County 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 6112 Alabama Ave. 9
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME William T. Daniel

3. (b) If veteran, name war

3. (c) Social Security No. 494-01-0174

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Sarah A.

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased December (Month) 4 (Day) 1874 (Year)

8. AGE:

Years	Months	Days	If less than one day
73	1	25	hr. min.

9. Birthplace Mt. Vernon, Ind. (City, town, or county) (State or foreign country)

10. Usual occupation Ret. Street Car Conductor

11. Industry or business

FATHER
12. Name George Daniel
13. Birthplace ----- (City, town, or county) Indiana (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace " (City, town, or county) (State or foreign country) 9

16. (a) Informant Mrs. Sarah A. Daniel
(b) Address 6112 Alabama Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/31/48 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Hope

18. (a) Signature of funeral director Jos. P. Fendler Jr.
(b) Address 7128 Michigan Ave.

19. (a) JAN 30 1948 (Date received local registrar) (b) J. D. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 29
year 1948 hour 4.20 minute ~~P.~~ A M.

21. I hereby certify that I attended the deceased from Jan 21-1948, 1948, to Jan 29, 1948, that I last saw him alive on Jan 29, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma Stomach

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration: For years

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 W. E. Holderman (M. D. or other)

Address 4205 Virginia Date signed 1/30/48

Jefferson City Printing Co. JAN 30 1948

(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 George N. Archambault Registered Apprentice No. XXXXXXX, working under my personal supervision.

Signed [signature]

Licensed Embalmer No. 2906

P. O. Address 7128 Michigan Ave.

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.