

FILED JUN 28 1948

Registration District No. 318

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:
Homer G Phillips Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days
(Specify whether
In this community _____
years, months or days)

3: (a) PRINT FULL NAME John McDaniels

3: (b) If veteran, name war 1 3: (c) Social Security No. _____

4. Sex Male 2 5. Color or race Colored 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Julia McDaniels 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased Jan 25 1894
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
54 4 28 hr. min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name Dan McDaniels

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

14. Maiden name Unknown

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

16. (a) Informant Julia Mc Daniels

(b) Address 2105 S Spruce St.

17. (a) BURIAL (b) Date thereof June 18/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Father DuRoon Cem

18. (a) Signature of funeral director F. G. Gregory

(b) Address 4214 Delaney Blvd.

19. (a) JUN 27 1948 (b) J. P. Brice
(Date received for registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 2105 a Spruce 9
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No) 0
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 13
year 1948 hour 8 minute 30 p.m.

21. I hereby certify that I attended the deceased from June 10, 1948, to June 13, 1948;
that I last saw him alive on June 13, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Heart Disease Duration Undet.

Due to _____

Due to _____

Other conditions Nephrosclerosis and Uremia
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy No

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 John L. Daniels (M. D. or other) _____

Address 2607 N. Whittier Date signed 6/14/48

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

3578
308

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 *F. A. Sheer*

Licensed Embalmer No. *2963*

P. O. Address *4217 DeLamar*

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.