

FILED APR 8 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 9934  
2856

BIRTH NO. _____		REG. DIST. NO. <b>318</b>	PRIMARY REG. DIST. NO. <b>1002</b>	Registrar's No. _____
1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY _____		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place) _____ c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>McAuley Hall 325 N. Newstead</b>		d. STREET ADDRESS (If rural, give location) <b>325 N. Newstead Ave.</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>BEATRICE</b>		b. (Middle) _____		c. (Last) <b>DANIELS</b>
4. DATE OF DEATH (Month) (Day) (Year) <b>Mar. 29 1949</b>		5. SEX <b>Female</b>		
6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>		8. DATE OF BIRTH <b>Nov. 11, 1876</b>
9. AGE (In years last birthday) <b>72</b>		IF UNDER 1 YEAR Months <b>4</b> Days <b>18</b>		IF UNDER 24 HRS. Hours <b></b> Mins. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Office Clerk</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Sligo Iron Co.</b>		11. BIRTHPLACE (State or foreign country) <b>St. Louis, Mo.</b>
12. CITIZEN OF WHAT COUNTRY? _____		13a. FATHER'S NAME <b>James Daniels</b>		
13b. MOTHER'S MAIDEN NAME <b>Josephine Hortaz</b>		14. NAME OF HUSBAND OR WIFE _____		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <b>M. Edith Armstrong</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		17. ADDRESS <b>346 Rosedale</b>		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic cardiovascular renal disease</b>		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>3 yrs.</b>
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES		<b>3 yr</b>
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <b>Hypertension</b>		<b>3 yr</b>
		DUE TO (c) <b>myocarditis chronic</b>		<b>3 yr</b>
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____
22. I hereby certify that I attended the deceased from <b>Feb</b> , 1946, to <b>March 29</b> , 1949, that I last saw the deceased alive on <b>3-4</b> , 1949, and that death occurred at <b>5:00A</b> m., from the causes and on the date stated above.				
23a. SIGNATURE <b>[Signature]</b>		23b. ADDRESS <b>842 1/2 N. Broadway</b>		23c. DATE SIGNED <b>3-27-49</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Mar. 31, 1949</b>		24c. NAME OF CEMETERY OR CREMATORY <b>SS Peter &amp; Paul Cem.</b>
24d. LOCATION (City, town, or county) <b>St. Louis, Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>[Signature]</b>		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>WAR 29 1949 [Signature]</b>		ADDRESS <b>Kriegshauser 4228 S. Kingshighway Bl.</b>		

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

19

4390 N. Pine  
Rt. 1, E. Hazelwood Co. 7600  
Rv 124 N. Broadway 230-4

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed Richard W. Stovesand

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 4007

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.