

FILED MAY 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

13870
3600BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No.

| | | | |
|---|---------------------------------|---|---------------------------------------|
| 1. PLACE OF DEATH a. COUNTY Missouri | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY _____ | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN 2800 Locust, St. Louis, Mo. | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital | | d. STREET ADDRESS (If rural, give location) 2800 Locust | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Daisy | | b. (Middle) _____ c. (Last) Jeffries | |
| 4. DATE OF DEATH (Month) (Day) (Year) April 15 1949 | | | |
| 5. SEX Female | 6. COLOR OR RACE Colored | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single | 8. DATE OF BIRTH Jan 28 / 1911 |
| 9. AGE (In years last birthday) 38 | IF UNDER 1 YEAR Months 2 | IF UNDER 1 YEAR Days 17 | IF UNDER 24 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Miss | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | |
| 11. BIRTHPLACE (State or foreign country) Miss | | 12. CITIZEN OF WHAT COUNTRY? _____ | |
| 13a. FATHER'S NAME Nat Cowles | | 13b. MOTHER'S MAIDEN NAME Elsabeth Harmon | |
| 14. NAME OF HUSBAND OR WIFE Single | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ | | 16. SOCIAL SECURITY NO. _____ | |
| 17. INFORMANT'S SIGNATURE OR NAME Amanda Donaldson | | ADDRESS 7216 Walden | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Possible Carcinoma of G. I. Tract; ANTECEDENT CAUSES DUE TO (b) Cerebral Thrombosis DUE TO (c) _____ Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None | |
| 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) _____ | | 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 Mar. 25, 1949 , to April 15, 1949 , that I last saw the deceased alive on Apr. 15, 1949 , and that death occurred at 2:45 P.m. , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) Walter F. Daniels M. D. | | 23b. ADDRESS 2601 N Whittier St | |
| 23c. DATE SIGNED 4-19-49 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE April 22 / 49 | |
| 24c. NAME OF CEMETERY OR CREMATORY Washington Park Cem | | 24d. LOCATION (City, town, or county) (State) St. Louis MO | |
| DATE REC'D BY LOCAL REG. APR 22 1949 | | REGISTRAR'S SIGNATURE J. B. Barton | |
| FUNERAL DIRECTOR'S SIGNATURE F. G. Green | | ADDRESS 4214 Delmar | |

(Licensed Embalmer's Statement on Reverse Side)

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

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.

Student _____
Student Embalmer

Signed Lynton H. Swan

Licensed Embalmer No. 4580

P. O. Address 4214 Delmar

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.