

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28308

State File No.

FILED AUG 20 1949

318

1003

6969

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.			
1. PLACE OF DEATH a. COUNTY <i>St. Louis</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i>				b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis</i>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis</i>		17			
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>3016 Lucas Ave</i>				d. STREET ADDRESS (If rural, give location) <i>3016 Lucas ave</i>				7	
3. NAME OF DECEASED (Type or Print) <i>EMMA</i>			a. (First)			b. (Middle)			
c. (Last) <i>MCDANIELS</i>			4. DATE OF DEATH			(Month) (Day) (Year)			
5. SEX <i>Female</i>			6. COLOR OR RACE <i>Colored</i>			7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Divorced</i>			
8. DATE OF BIRTH <i>Sept 15, 1896</i>			9. AGE (In years last birthday) <i>62</i>			10. IF UNDER 1 YEAR Months Days Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>None</i>			10b. KIND OF BUSINESS OR INDUSTRY <i>None</i>			11. BIRTHPLACE (State or foreign country) <i>Dallas Texas</i>			
12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>			13a. FATHER'S NAME <i>Unknown</i>			13b. MOTHER'S MAIDEN NAME <i>Unknown</i>			
14. NAME OF HUSBAND OR WIFE <i>Adam McDaniel</i>			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>			16. SOCIAL SECURITY NO. <i>None</i>			
17. INFORMANT'S SIGNATURE OR NAME <i>Millie Cannon</i>			ADDRESS <i>3016 Lucas</i>			18. CAUSE OF DEATH			
Enter only one cause per line for (a), (b), and (c)			1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cerebral Hemorrhage</i>			INTERVAL BETWEEN ONSET AND DEATH <i>1 year</i>			
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.			ANTECEDENT CAUSES <i>Hypertension</i>			DUE TO (b)			
DUE TO (c)			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? <input type="checkbox"/> YES <input type="checkbox"/> NO			
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) <i>102</i>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR <i>331X</i>			
22. I hereby certify that I attended the deceased from <i>Aug. 19, 1949</i> to <i>Aug. 19, 1949</i> that I last saw the deceased alive on <i>Aug. 19, 1949</i> that death occurred at <i>11:20 P.M.</i> , from the cause and on the date stated above.									
22a. SIGNATURE <i>W. H. Heaton</i>			22b. ADDRESS <i>2772 Franklin</i>			22c. DATE SIGNED <i>8/19/49</i>			
22a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>			22b. DATE <i>Aug 11/49</i>			22c. NAME OF CEMETERY OR CREMATORY <i>Washington Park</i>			
22d. LOCATION (City, town, or county) <i>St. Louis</i>			22e. STATE <i>Mo</i>			25. FUNERAL DIRECTOR'S SIGNATURE <i>F. A. Green</i>			
25. ADDRESS <i>414 Belmont</i>			DATE REC'D BY LOCAL REG. <i>AUG 10 1949</i>			REGISTRAR'S SIGNATURE <i>Heaton</i>			

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Fulton E. Culkin

Signed.....
Student Embalmer

Licensed Embalmer No. *4198*

P. O. Address *St. Louis 137*

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.