

FILED APR 27 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15341

BIRTH NO. _____		REG. DIST. NO. 317	PRIMARY REG. DIST. NO. 4465	Registrar's No. 1023	
1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give town) Rock Hill		c. LENGTH OF STAY (In this place) 3 da.	c. CITY (If outside corporate limits, write RURAL and give township) 35 University City 4356		
d. FULL NAME OF HOSPITAL OR INSTITUTION Rock Hill Nursing Home		d. STREET ADDRESS (If rural, give location) 1067 Midland Ave.			
3. NAME OF DECEASED (Type or Print) a. (First) VICTORIA		b. (Middle) DANIELS		c. (Last) DANIELS	
4. DATE OF DEATH (Month) (Day) (Year) Apr. 18, 1950					
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Mar. 18, 1880	9. AGE (In years last birthday) 70	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Greenville, Ill.	12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME T. Jefferson Booher		13b. MOTHER'S MAIDEN NAME Mary Isley	14. NAME OF HUSBAND OR WIFE late John Milton Daniels		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME John Schweizer, 7012 Arv-ElLEN Dr. Affton, Mo.		
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myo Carditis Coronary Occlusion Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Occlusion DUE TO (c) Hypertension II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. General Arteriosclerosis			INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 420.1		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) (Minute)		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 4/17/50, 1950, to 4/18/50, 1950, that I last saw the deceased alive on 4/17/50, 1950, and that death occurred at 6:45 p.m., from the causes and on the date stated above.					
23a. SIGNATURE John A. Kozelwan M.D.		23b. ADDRESS 6677 Selmar Pl.		23c. DATE SIGNED 4/20/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-21-1950	24c. NAME OF CEMETERY OR CREMATORY Greenville Ceme.	24d. LOCATION (City, town, or county) (State) Greenville, Ill.	
DATE REC'D BY LOCAL REG. 4-20-50		REGISTRAR'S SIGNATURE Herbert S. Dowd		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS JAY B. SMITH, 7456 Manchester Ave. Maplewood 17, Mo.	

(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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

J.P. Burgess

Signed.....
Student Embalmer

Licensed Embalmer No. 4029

P. O. Address Maplewood

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.