

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18416
1393

FILED MAY 27 1950

BIRTH NO.		REG. DIST. NO. 318	PRIMARY REG. DIST. NO. 1007	Registrar's No.
1. PLACE OF DEATH a. COUNTY		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 OR TOWN St. Louis		c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) St. Louis 2119	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4433 Cottage Avenue		f. STREET ADDRESS (If rural, give location) 4433 Cottage Avenue 0		
3. NAME OF DECEASED (Type or Print) a. (First) Dwight		b. (Middle) McDaniel	4. DATE OF DEATH (Month) (Day) (Year) 5/12/50	
5. SEX Male 2	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 8/14/94	9. AGE (In years last birthday) 55 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Brick yard		10b. KIND OF BUSINESS OR INDUSTRY Hydraulic Brick Co.		11. BIRTHPLACE (State or foreign country) Forest City, Ark.
12. CITIZEN OF WHAT COUNTRY? USA				
13a. FATHER'S NAME McDaniel		13b. MOTHER'S MAIDEN NAME Mitilda Davis		14. NAME OF HUSBAND OR WIFE Hattie McDaniels
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Hattie McDaniel, 4433 Cottage Ave
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, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Stomach ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH 3 mos
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) 151A
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 <u>March 12, 1950</u> , to <u>May 12, 1950</u> , that I last saw the deceased alive on <u>May 12, 1950</u> , and that death occurred at <u>2:10 p.m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title)		23b. ADDRESS 822 N. Jefferson		23c. DATE SIGNED 5/13/50
24a. BURIAL PREPARATION, REMOVAL (Specify) Burial		24b. DATE 5/16/50		24c. NAME OF CEMETERY OR CREMATORY Washington Park Cem. St. Louis, Missouri
24d. LOCATION (City, town, or county) St. Louis, Missouri		24e. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Chas. J. Gates, 4107 Finney Avenue		
DATE REC'D BY LOCAL REG. MAY 16 1950		REGISTRAR'S SIGNATURE J. B. Sasser		

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.....
Student Embalmer

Signed *Frank J. [Signature]*.....
Licensed Embalmer No. ~~4476~~ ⁴¹⁵⁹

P. O. Address 4107 Finney Avenue

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.