

FILED AUG 23 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28109
State File No. 6809
Registrar's No.

BIRTH NO. 23497-50 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Illinois</u> b. COUNTY <u>St. Clair</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>East St. Louis Ill.</u>	
c. LENGTH OF STAY (in this place) <u>10 days</u>		d. STREET ADDRESS (If rural, give location) <u>1414 S "J" St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Infirmary</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Doris</u> b. (Middle) <u>Daniels</u> c. (Last) <u>Daniels</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 10, 1950</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH <u>April 18, 1950</u>
9. AGE (In years last birthday) <u>3</u>		10. KIND OF BUSINESS OR INDUSTRY <u>none</u>	11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		12. CITIZEN OF WHAT COUNTRY? <u>Yes</u>	

13a. FATHER'S NAME <u>Homer Daniels</u>		13b. MOTHER'S MAIDEN NAME <u>Rosa Ann mMoore</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Doris Daniels</u>	
18. DATE OF DEATH		19. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	

18. DATE OF DEATH		19. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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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)	
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 <u>5710</u>	

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23. SIGNATURE (Degree or title) <u>Chafford A. Anderson</u>		23b. ADDRESS <u>3607 S. 15th E. St. Louis</u>		23c. DATE SIGNED <u>8/11/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>8-11-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Booker Washington</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Clair Co.</u>		24e. NAME OF FUNERAL DIRECTOR'S SIGNATURE <u>W. R. Officer</u>		24f. ADDRESS <u>2114 No. Ave. East St. Louis, Ill.</u>	

DATE REC'D BY LOCAL <u>AUG 11 1950</u>		REGISTRAR'S SIGNATURE <u>J. A. Hasler</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. R. Officer</u>	
DATE REC'D BY LOCAL <u>AUG 11 1950</u>		REGISTRAR'S SIGNATURE <u>J. A. Hasler</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. R. Officer</u>	

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 me

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Ben H. Baldwin

Licensed Embalmer No. 2420

P. O. Address E. Thomas St.

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.