

FILED JUL 16 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24463**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **5655**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY OR TOWN St. Louis	c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2219	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer Phillips		d. STREET ADDRESS (If rural, give location) 3129 Pine St	

3. NAME OF DECEASED (Type or Print) GEORGE DANIELS	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) 6-20-51
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5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 6-15-94	9. AGE (In years last birthday) 57	IF UNDER 1 YEAR Months 0 Days 5	IF UNDER 12 HRS. Hours 0 Min.
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10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) Porter	10b. KIND OF BUSINESS OR INDUSTRY McQuay-Norris	11. BIRTHPLACE (State or foreign country) Ark. 1	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME Horst Daniels	13b. MOTHER'S MAIDEN NAME unknown	14. NAME OF HUSBAND OR WIFE Mable Daniels
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Mable Daniels	ADDRESS 3129 Pine
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	DUE TO (b) Coronary Occlusion		
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. * It means the disease, injury, or complication which caused death.	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? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 4501
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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 **4:25A** m., from the causes and on the date stated above.

23a. SIGNATURE Joseph M. Zuercher	23b. ADDRESS 1300 Clark	23c. DATE SIGNED 6/21/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6-26-51	24c. NAME OF CEMETERY OR CREMATORY Washington Park	24d. LOCATION (City, town, or county) (State) St. Louis Mo.
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DATE REC'D BY LOCAL REG. JUN 22 1951	REGISTRAR'S SIGNATURE J. B. Kasler	25. FUNERAL DIRECTOR'S SIGNATURE Atkins Bros.	ADDRESS 3644 Finney
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

[Handwritten signature]

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 *Rouis V. Atkins*

Licensed Embalmer No. 2842

P. O. Address. 3644 Fairway

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.