

FILED JUL 26 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24956

State File No. _____

6220

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

1. PLACE OF DEATH a. COUNTY 1		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 township) OR TOWN St. Louis, Mo	c. LENGTH OF STAY (In this place) 35 yrs.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2219	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3327 Lucas Ave.		2. STREET ADDRESS (If rural, give location) 3327 Lucas Ave. 0	

3. NAME OF DECEASED (Type or Print) a. (First) Winifred b. (Middle) R. c. (Last) McDaniel			4. DATE OF DEATH (Month) (Day) (Year) July 9, 1951		
5. SEX Male 2	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single 0	8. DATE OF BIRTH Sept. 27, 1915		9. AGE (In years last birthday) 35 IF UNDER 1 YEAR Days 10 IF UNDER 12 HOURS Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) Mount Vernon, Ill. /		12. CITIZEN OF WHAT COUNTRY? U.S. A.

13a. FATHER'S NAME Robert McDaniel		13b. MOTHER'S MAIDEN NAME Ellen Davis		14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME Marie Price ADDRESS 3318a Delmar Blvd.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION Cardio-Renal disease			INTERVAL BETWEEN ONSET AND DEATH 2 Yr.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		DUE TO (b) None			
*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.		None			

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? H42X	

22. I hereby certify that I attended the deceased from **8 July 1951** to **9 July 1951**, that I last saw the deceased alive on **8 July 1951**, and that death occurred at **9 Jul m.**, from the causes and on the date stated above.

23a. SIGNATURE C. James Evans, M.D. (Degree or title)		23b. ADDRESS 4730a Page Blvd.		23c. DATE SIGNED 12 Jul '51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7-12-1951		24c. NAME OF CEMETERY OR CREMATORY Oak Dale Cemetery	
24d. LOCATION (City, town, or county) (State) St. Louis, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE C. J. Nash ADDRESS 3847 Page			
DATE REC'D BY LOCAL REG. JUL 12 1951		REGISTRAR'S SIGNATURE B. B. Gasater		ADDRESS _____	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

