

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14175**
3174

APR 25 1952

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

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| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give township) St. Louis Mo. | | c. CITY (If outside corporate limits, write RURAL and give township) St. Louis 2729 | |
| c. LENGTH OF STAY (In this place) | | d. STREET ADDRESS (If rural, give location) 316 So. Jefferson | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | e. (Last) Daniels | |

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| 3. NAME OF DECEASED (Type or Print) Haruo | a. (First) | b. (Middle) | c. (Last) | 4. DATE OF DEATH (Month) (Day) (Year) 3-28-1952 |
| 5. SEX Male | 6. COLOR OR RACE Negro | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married | 8. DATE OF BIRTH 1895 | 9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. 56 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) labor | 10b. KIND OF BUSINESS OR INDUSTRY Rail Road | 11. BIRTHPLACE (State or foreign country) Atlanta Ga | 12. CITIZEN OF WHAT COUNTRY? | |

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| 13a. FATHER'S NAME unknown | 13b. MOTHER'S MAIDEN NAME unknown | 14. NAME OF HUSBAND OR WIFE Beasie Daniels |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. 498-10-7531 | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Beasie Daniels 316 So. Jefferson |
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| 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, asthenia, etc. It means the disease, injury, or complication which caused death. | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ | | INTERVAL BETWEEN ONSET AND DEATH |
| | ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hydrothorax; 2. Ascites; | | |
| | DUE TO (c) Cardiac Hypertrophy; | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input 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? 4 1/2 H3 |
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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 **11:30P** m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) Patrick L Taylor | 23b. ADDRESS Coroner, 1300 Clark | 23c. DATE SIGNED 4-2-52 |
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| 24a. BURIAL, CREMATION REMOVAL (Specify) Burial | 24b. DATE 4-4-1952 | 24c. NAME OF CEMETERY OR CREMATORY Oakdale | 24d. LOCATION (City, town, or county) (State) Lemay Mo |
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| DATE REC'D BY LOCAL APR 4 1952 | REGISTRAR'S SIGNATURE J. C. Smith | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Andrew H. Bueh 3506 Franklin |
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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

Student of Mortuary College

Student Embalmer No. *1000*

working under my personal supervision.

Student
Student Embalmer

Signed *James G. Lammons*

Licensed Embalmer No. *4142*

P. O. Address *St. Louis*

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.