

FILED APR 2 - 1956

STANDARD CERTIFICATE OF DEATH

State File No. 10598
2668

318

1003

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____				
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE				b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St Louis</i>				c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <i>St Louis</i>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>4430 Delmar blvd</i>				STREET ADDRESS (If rural, give location) <i>19 4430 Delmar blvd.</i>				<i>21970</i>		
3. NAME OF DECEASED (Type or Print)		a. (First)		b. (Middle)		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year)		
<i>ANNIE</i>		<i>Daniels</i>		<i>Daniels</i>		<i>3</i>		<i>14 56</i>		
5. SEX <i>Female</i>		6. COLOR OR RACE <i>Negro</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>		8. DATE OF BIRTH <i>6-2-1865</i>		9. AGE (In years last birthday) <i>90</i>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Kitchen Helper</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>no</i>		11. BIRTHPLACE (City and State or Foreign Country) <i>Copiah County, Miss!</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>				
13a. FATHER'S NAME <i>Squire Daniels</i>			13b. MOTHER'S MAIDEN NAME <i>Unknown</i>			14. NAME OF HUSBAND OR WIFE				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. <i>no</i>		17. INFORMANT'S SIGNATURE OR NAME <i>Doris Contee Jean</i>			ADDRESS <i>4430 Del. Blvd.</i>			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Hypostatic Pneumonia</i>						INTERVAL BETWEEN ONSET AND DEATH <i>48 hrs.</i>		
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Cerebral Thrombosis (94x-618)</i>						<i>1 wk.</i>		
		DUE TO (c) <i>Arteriosclerosis</i>						<i>10 yrs +</i>		
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Senility.</i>						<i>3324</i>		
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) (Min.)		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 <i>8-26</i> , 19 <i>55</i> , to <i>3-14</i> , 19 <i>56</i> , that I last saw the deceased alive on <i>3-13</i> , 19 <i>56</i> , and that death occurred at <i>4:00 A.M.</i> , from the causes and on the date stated above.										
23a. SIGNATURE <i>Henry C. Dugas M.D.</i>				23b. ADDRESS <i>1. C. DUGAS, M.D. 3136 EASTON AVE.</i>		23c. DATE SIGNED <i>3-14-56</i>				
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>		24b. DATE <i>3-19-56</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Washington Park</i>		24d. LOCATION (City, town, or county) (State) <i>5500 Brown Road, MO.</i>				
DATE REC'D BY LOCAL REG. <i>MAR 15 1956</i>		REGISTRAR'S SIGNATURE <i>J. Carl Smith</i>			25. FUNERAL DIRECTOR'S SIGNATURE <i>Ms. Boyd</i>					
					ADDRESS <i>Funeral Home 3704 Finney Ave.</i>					

(Licensed Embalmer's Statement on Reverse Side)

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 Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *H. Claude Gordon*

Licensed Embalmer No. *34*

P. O. Address *4575 a*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.