

FILED JUL 7 1940

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

1. PLACE OF DEATH:

(a) County St. Louis. **2**
(b) City or town _____
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 5371 Wabada Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County _____
(c) City or town St. Louis. **6**
(If outside city or town limits, write "RURAL")
(d) Street No. 5371 Wabada Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 28.
year 1940 hour 6. minute 55 a. M.

21. I hereby certify that I attended the deceased from June 1, 1940 to June 28, 1940
that I last saw him alive on June 27, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral apoplexy
Duration: 40

Due to _____
Due to _____

Other conditions: Chronic myocarditis
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Joseph A. Daly. **400**

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married.

6. (b) Name of husband or wife Kate Daly. 6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased Feb. 16. 1873
(Month) (Day) (Year)

8. AGE: Years 67 Months 4 Days 11 If less than one day hr. _____ min. _____

9. Birthplace St. Louis, Missouri. **0**
(City, town, or county) (State or foreign country)

10. Usual occupation Tailor **5**

11. Industry or business Self. **5**

12. Name Anthony Daly **5**

13. Birthplace Ireland. (State or foreign country)

14. Maiden name Margaret Marshall. (State or foreign country)

15. Birthplace Ireland. (State or foreign country)

16. (a) Informant Mrs. Kate Daly.

(b) Address 5371 Wabada Ave.

17. (a) Burial (b) Date thereof July 1. 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director James J. ...

(b) Address 1431 Union Blvd.

19. (a) JUN 28 1940 (b) J. ...
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(Specify type of place) _____
While at work? _____ (e) Means of injury _____

23. Signature Thos. J. Harlow (M. D. or other) M.D.
Address 1900 Belt Date signed 6-28-40

1900 Dec 1

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed *L. M. White*

Licensed Embalmer No. *3973*

P. O. Address.....

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.