

No. 2  
4-13-40  
5-17-39  
I X23159

Registration District No. 791

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County \_\_\_\_\_

(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
City Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)

In this community 82 years.

3. (a) PRINT FULL NAME Delia Daly

3. (b) If veteran, name war None

3. (c) Social Security No. None

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

6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Jan. 1st 1859  
(Month) (Day) (Year)

8. AGE: Years 82 Months 0 Days 0 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name John Hickey

13. Birthplace Ireland 4  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Ireland 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Eloise St. Jackson  
(b) Address 5071 Maple Ave.

17. (a) Burial (b) Date thereof Jan. 3, 41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial/cremation Calvary Cemetery

18. (a) Signature of Frank Niehaus  
(b) Address 1451 Union Blvd. VII

19. (a) X-2-41 (b) J. J. Bredek  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 1917  
(If outside city or town limits, write "RURAL")

(d) Street No. 4522 Lindell Blvd. 9  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 1st  
year 1941 hour 5. minute 55 a. M.

21. I hereby certify that I attended the deceased from December 29, 1940 to January 1, 1941  
that I last saw er alive on January 1, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Bronchial

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy Pneumonia Bronchial

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury 0

23. Signature Harold Freeman M.D. (M. D. or other) 1/2/41  
Address 1513 Lafayette Avenue, Date signed \_\_\_\_\_

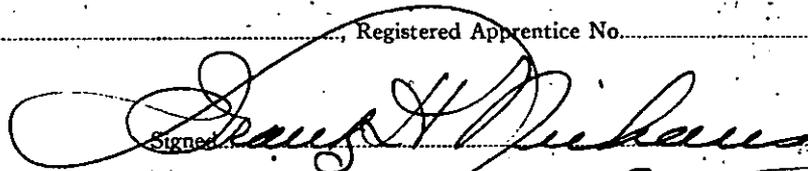
1902

**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 

Licensed Embalmer No. 2915

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.**