

7. S. No. 2
M-4-13-40
rev. 5-17-39
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FILED APR 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 8990
2400
Registrar's No.

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

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 Missouri Baptist Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether)

In this community.....
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 0001

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

(d) Street No. 8021 Water St.
(If rural, give location)

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

3. (a) PRINT FULL NAME MICHAEL FRANCIS DALY

3. (b) If veteran, name war None

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15
year 1941 hour 8 minute 40 a. M.

4. Sex Male 6. (a) Single, widowed, married, divorced Married

5. Color or race White

6. (b) Name of husband or wife Mary T. Daly 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased Feb. 13, 1867
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov. 3, 1940 to March 7, 1941
that I last saw him alive on above date, 19...
and that death occurred on the date and hour stated above.

Immediate cause of death.....

8. AGE: Years Months Days If less than one day

74 1 2 ..hr. min.

Duration

Due to.....

Due to.....

Other conditions Acute Myocardial Infarction
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....

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

10. Usual occupation Retired Switchman

11. Industry or business.....

PHYSICIAN

Underline the cause to which death should be charged statistically.

MOTHER FATHER { 12. Name Daniel Daly

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

{ 14. Maiden name Margaret Kehler

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

16. (a) Informant Mary T. Daly

(b) Address 8021 Water St.

17. (a) Burial (b) Date thereof 3-18-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Lawn Cemetery

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?.....

18. (a) Signature of funeral director Southern Funeral Home

(b) Address 6322 E. Broadway Blvd.

19. (a) MAR 17 1941 (b) J. H. Gredek
(Date of local registration) (Registrar's signature)

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

23. Signature W. H. Hamlin (M. D. or other)

Address Missouri Pacific Hospital Date signed 3-16-41

(Licensed Embalmer's Statement on Reverse Side)

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

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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.....

Virgil L. Berryman

Licensed Embalmer No. *4018*

P. O. Address *St Louis Mo.*

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.