

No. 2
1-4-41
17-39
X26399

FILED DEC 1 1941

Registration District No. 184

Primary Registration District No. 101

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Louis Co. 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.....

3. (a) PRINT FULL NAME Edward Dailey

3. (b) If veteran, name war.....

3. (c) Social Security No.....

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife.....

6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased.....
(Month) (Day) (Year)

8. AGE: Years 56 Months Days If less than one day
hr. min.

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

10. Usual occupation Unemployed

11. Industry or business.....

12. Name Peter S. Dailey

13. Birthplace Roseton New York
(City, town, or county) (State or foreign country)

14. Maiden name Bridget Fletcher

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

16. (a) Informant Mrs. Odette Page

(b) Address 7232 Burwood, Pine Lawn, Mo.

17. (a) Burial (b) Date thereof 11-20-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clavary Cem.

18. (a) Signature of funeral director Louis H. Bopp, Inc.

(b) Address SKi rwood, Mo.

19. (a) NOV 21 1941 (b) L. H. McCarroll
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis

(c) City or town Pine Lawn
(If outside city or town limits, write "RURAL")

(d) Street No. 7232 Burwood Ave.
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV day 21
year 1941 hour 1 minute 55 A. M.

21. I hereby certify that I attended the deceased from..... 19..... to..... 19.....
that I last saw h..... alive on..... 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death Struck by an auto while a pedestrian on a public street.
Duration.....

Due to Cancer of the stomach; Erosion into an artery with hemorrhage.

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy Yes.

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) Accident

(b) Date of occurrence Oct. 30, 1941

(c) Where did injury occur? Natural Bridge & Kienle n
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public place

While at work?..... (e) Means of injury.....

23. Signature Louis H. Bopp (M. D. or other)
Address Kirkwood, Mo. 11/21/41 Date signed.....

WRITE PLAINLY—USE 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.....

Louis H. Bopp

Registered Apprentice No.

working under my personal supervision.

Signed.....

Louis H. Bopp

Licensed Embalmer No.

921

P. O. Address.....

Kirkwood

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.