No. 2
9-4-41
5-17-39
X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 3 1943

Registration District No. 318

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 36267

Registrar's No. 10252

1. PLACE OF DEATH:

(a) County
(b) City or town Saint Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 4261 Hartford
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town Saint Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4261 Hartford Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

16 17 9

3. (a) PRINT FULL NAME JOSEPHINE DALY

3. (b) If veteran, name war No
3. (c) Social Security No. No

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife John T. Daly
6. (c) Age of husband or wife if alive -- years
7. Birth date of deceased Un July Missolst 1867 (Month) (Day) (Year)

8. AGE: Years 76 Months 4 Days 21 If less than one day hr. min.

9. Birthplace Union, Missouri (City, town, or county) 0 (State or foreign country)
10. Usual occupation Housewife
11. Industry or business At home

FATHER
12. Name Christ Klenke
13. Birthplace Ohio (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name Lisette Rechtien
15. Birthplace Holland (City, town, or county) 4 (State or foreign country)

16. (a) Informant John Daly
(b) Address 4261 Hartford St., St. Louis, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 25, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director C. Hoffmeister Colonial Mort.
(b) Address 6464 Chippewa St. Louis, Mo.
19. (a) NOV 23 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 22nd year 1943 hour 4 minute 45 A. M.

21. I hereby certify that I attended the deceased from Oct. 10 - 1943 to Nov. 22 1943 that I last saw her alive on Nov 22, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Myocarditis Senility	?
Due to	
Due to	
Other conditions Diabetes (Include pregnancy within 3 months of death)	?

61

Major findings:
Of operations
Of autopsy

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

23. Signature C. W. Gardner (M. D. or other)
Address 1504 So. Grand Date signed 11/23/43

(Licensed Embalmer's Statement on Reverse Side)

cw
Dr Gaertner
Office ; Pr 6133
Home ; Wy 0924

1:30 to 4 pm
1504 So Grand

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 Linus C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadw

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.