

396, 249

FILED DEC 29 1943 18

State File No. \_\_\_\_\_

Registration District No. \_\_\_\_\_

Primary Registration District No. 1003

Registrar's No. 11219

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

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
5126 Waterman 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 \_\_\_\_\_ years, months or days

3. (a) PRINT FULL NAME Charles G. Daly

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Ida Daly 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased March 7th, 1870  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
73 9 10 hr. \_\_\_\_\_ min.

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

10. Usual occupation Retired Printer

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

MOTHER FATHER { 12. Name Byron Daly  
13. Birthplace England  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Gillespie  
15. Birthplace Canada  
(City, town, or county) (State or foreign country)

16. (a) Informant Ida Daly  
(b) Address 5126 Waterman Ave.

17. (a) Cremation (b) Date thereof 12-20-43  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Provost Und. Co.  
(b) Address 3710 N. Grand Bl.

19. (a) DEC 18 1943 (b) J. P. [Signature]  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5126 Waterman Ave.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 17th  
year 1943 hour 11.30 minute \_\_\_\_\_ F. \_\_\_\_\_ M. \_\_\_\_\_

21. I hereby certify that I attended the deceased from 1931  
to Dec. 17, 1943  
that I last saw him alive on Dec. 16, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac asthma and general arterio-sclerosis, Duration 12 years

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

Other conditions Ch. Int. Nephritis, 12 years.  
(Includes pregnancy within 3 months of death)

Major findings: Of operations ----- / 1/21  
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? \_\_\_\_\_

23. Signature [Signature] (Specify type of place) (e) Means of injury \_\_\_\_\_  
Address 320 Metropolitan Bldg. Date signed 12/18/43

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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.....

*Robert D. Brinkman*  
.....  
Licensed Embalmer No. *3553*

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.**