DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 23 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19599

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5474

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: HEWISH HOSPITAL (If not in hospital or institution, write street number or location) 0

(d) Length of stay: In hospital or institution 3 days (Specify whether years, months or days) In this community 15 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County ST. Louis 96

(c) City or town JENNINGS. (If outside city or town limits, write "RURAL") 0

(d) Street No. 2435 MARY Ave. (If rural, give location) N.R.

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

If yes, name country 1

3. (a) PRINT FULL NAME ELLMORE DAILEY

3. (b) If veteran, name war No

3. (c) Social Security No.

4. Sex MALE 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

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

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased August (Month) 7 (Day) 1879 (Year)

8. AGE: Years 64 Months 10 Days 7 If less than one day ___ hr. ___ min.

9. Birthplace — (City, town, or county) Indiana (State or foreign country) 1

10. Usual occupation Moulder

11. Industry or business Brass Foundry.

FATHER
12. Name Thomas L. Dailey
13. Birthplace — (City, town, or county) Indiana (State or foreign country) 1

MOTHER
14. Maiden name Emma Howard
15. Birthplace — (City, town, or county) Indiana (State or foreign country) 1

16. (a) Informant Mrs. Bertha Dailey

(b) Address 2435 Mary Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 20 (Month) 1944 (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Calvin F. Fentz Funeral Home

(b) Address 4828 Natural Bridge

19. (a) JUN 17 1944 (Date received local registrar) J. F. Bradesh (Registrar's signature)

844

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 14 year 1944 hour 11 minute 50 P M.

21. I hereby certify that I attended the deceased from June 1, 1944 to June 14, 1944; that I last saw him alive on June 14, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death Shock

Due to 137

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Prostatectomy

Of autopsy

Duration 36 hrs

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)

While at work? (e) Means of injury

23. Signature Jules H Kapp (M. D. or other) M.D.

Address 4500 Oline Date signed 6/15/44

(Licensed Embalmer's Statement on Reverse Side)

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

JUL 31 1944

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 John A. Milner

Licensed Embalmer No. 4186

P. O. Address St. Louis Mo.

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

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