

FILED NOV 7 1946

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

## 1. PLACE OF DEATH:

(a) County St. Louis MO  
 (b) City or town St. Louis MO  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
De Paul Hosp  
 (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 JAMES LEO DALY3. (b) If veteran,  
name war \_\_\_\_\_3. (c) Social Security  
No. 487-26-28624. Sex MO 5. Color or race W 6. (a) Single, widowed, married,  
divorced M6. (b) Name of husband or wife May Stephens Daly 6. (c) Age of husband or wife if  
alive 63 years7. Birth date of deceased: Jan 9 1883  
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day  
63 9 19 hr. min.9. Birthplace: St. Louis MO (City, town, or county) (State or foreign country)10. Usual occupation accountant

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

12. Name Richard Daly13. Birthplace St. Louis MO (City, town, or county) (State or foreign country)14. Maiden name Ellen Delano15. Birthplace St. Louis MO (City, town, or county) (State or foreign country)16. (a) Informant May Daly(b) Address 4349 Maryland Ave17. (a) Burial (b) Date thereof 10 30 46  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Calvary Cemetery18. (a) Signature of funeral director Harrison Sheahan  
(b) Address 4415 Washington Bl.19. (a) OCT 29 1946 J. F. Bredeck (Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County \_\_\_\_\_  
 (c) City or town St. Louis  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 4349 Maryland Ave  
 (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 28  
year 1946 hour \_\_\_\_\_ minute 18 M.21. I hereby certify that I attended the deceased from April 30  
1946 to Oct 28 1946  
that I last saw him alive on Oct 27 1946  
and that death occurred on the date and hour stated above.Immediate cause of death Cor. Sic. Heart Disease  
Comp. Heart Failure  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_Other conditions Ch. Nephritis  
(Include pregnancy within 3 months of death)Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(c) 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 Robert J. Farrell (M. D. or other)Address 624 N. Union Date signed 10/28/46

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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

*John Gonoski*

Licensed Embalmer No. *3398*

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.**

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 9237

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:  
 (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

James L Daly

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

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced.....

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

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

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

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

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER

12. Name.....

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

14. Maiden name.....

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

16. (a) Informant.....

(b) Address.....

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

(c) Place: burial or cremation.....

18. (a) Signature of funeral director.....

(b) Address.....

19. (a) (Date received local registrar) (b) J. F. Brodeur (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... (b) County.....  
 (c) City or town..... (If outside city or town limits, write "RURAL")  
 (d) Street No..... (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 8  
 year 1945 hour..... minute..... M.

21. I hereby certify that I attended the deceased from..... to....., 19.....; that I last saw him..... alive on....., 19.....; and that death occurred on the date and hour stated above. Immediate cause of death.....

Duration

Due to.....

Due to.....

Other conditions..... (Include pregnancy within 5 months of death)

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?.....

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

23. Signature..... (M. D. or other)

Address..... Date signed.....

**SUPPLEMENTARY**

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

35029