. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 24 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 35634

Registrar's No. 9372

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: Deaconess 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

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4159 E. Penrose Ave
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Arthur O. Daily
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 Married
6. (b) Name of husband or wife Harriet Struwe Daily
6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased 8/9/1873 (Month) (Day) (Year)

8. AGE: Years 74 Months 1 Days 29 If less than one day hr. min.

9. Birthplace Otisco (City, town, or county) Indiana (State or foreign country)
10. Usual occupation Contractor & Builder
11. Industry or business Self
FATHER
12. Name Stansbury Daily
13. Birthplace (City, town, or county) Indiana (State or foreign country)
MOTHER
14. Maiden name Susan Jones
15. Birthplace (City, town, or county) Indiana (State or foreign country)
16. (a) Informant Harriet Daily
(b) Address 4159 E. Penrose St
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/10/47 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery
18. (a) Signature of funeral director Robert J. Ambruster Inc
(b) Address 6633 Clayton Road
19. (a) OCT 10 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 8th year 1947 hour 1.40 minute P M.
21. I hereby certify that I attended the deceased from 9/26/47, 19..., to 10/8/47, 19...; that I last saw him alive on 10/8/47, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Uremia	1 wk
Due to: chronic Nephritis	many yr
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

PHYSICIAN
Underline the cause of 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 N F Joslin (M. D. or other) M. D.
Address 3903 Olive St Date signed 10/9/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Arnold W. Schoene

Licensed Embalmer No. 3864

P. O. Address St. Louis, Mo.

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.