

FILED JUL 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20925

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **5518**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (In this place) 0	
c. CITY (If outside corporate limits, write RURAL and give township) University City		d. FULL NAME OF HOSPITAL OR INSTITUTION Deaconess Hospital	
d. FULL NAME OF HOSPITAL OR INSTITUTION Deaconess Hospital		e. STREET ADDRESS (If rural, give location) K.A. - 7122 Stanford Ave.	
3. NAME OF DECEASED (Type or Print) a. (First) Minnie b. (Middle) Daly c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) June 27, 1949	
5. SEX F.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W.	8. DATE OF BIRTH Feb. 14, 1874
9. AGE (In years less birthday) 75		IF UNDER 1 YEAR Months 4 Days 13	IF UNDER 24 HRS. Hours 13 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME John Hessel	
13b. MOTHER'S MAIDEN NAME Willhelmina Light		14. NAME OF HUSBAND OR WIFE Edward S. Daly	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME Mr. Edward C. Daly		ADDRESS 7122 Stanford Ave.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acidosis, diabetic ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Diabetes mellitus DUE TO (c) - II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. hypertension, arterial	
INTERVAL BETWEEN ONSET AND DEATH 24 hrs.		INTERVAL BETWEEN ONSET AND DEATH 8 yrs.	
INTERVAL BETWEEN ONSET AND DEATH 9 yrs.		19. DATE OF OPERATION None	
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE None	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) S. X. Louis	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) none		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? No injury		22. I hereby certify that I attended the deceased from 6-24 , 1949, to 6-27 , 1949, that I last saw the deceased alive on 6-26 , 1949, and that death occurred at 2:30 A.M. , from the causes and on the date stated above.	
23a. SIGNATURE Edwin P. Rich, M.D.		23b. ADDRESS 4122 N. Taylor St. Louis Mo.	
23c. DATE SIGNED 6-27-49		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE June 29, 1949		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	
24d. LOCATION (City, town, or county) (State) St. Louis, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE W. W. ...	
DATE REC'D BY LOCAL REG. JUN 27 1949		REGISTRAR'S SIGNATURE J. B. ...	
25. FUNERAL DIRECTOR'S SIGNATURE W. W. ...		ADDRESS 640 Lindell Blvd.	

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

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.....

..... Student Embalmer No.

working under my personal supervision.

Signed Thomas R. Fenwick

Signed.....
Student Embalmer

Licensed Embalmer No. 3793

P. O. Address 3840 Lindell

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.