

FILED AUG 5 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24749

State File No. \_\_\_\_\_  
Registrar's No. 0324

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

988

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>MO.</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>St. Louis Mo.</u> )		c. LENGTH OF STAY (In this place)	
c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2225 S. 3</u>	
3. NAME OF DECEASED a. (First) <u>F. ENRY</u> b. (Middle) c. (Last) <u>Daley</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>6 12 49</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Nov. 1896</u>
9. AGE (At death) (Months) (Days) (Hours) (Min.) <u>52 11 13</u>		10. USUAL OCCUPATION (The kind of work done during most of working life, even if retired) <u>book</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>WRK</u>		11. BIRTHPLACE (State or foreign country) <u>WRK</u>	
12. CITIZEN OF WHAT COUNTRY <u>WRK</u>		13a. FATHER'S NAME <u>WRK</u>	
13b. MOTHER'S MAIDEN NAME <u>WRK</u>		14. NAME OF HUSBAND OR WIFE <u>WRK</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) <u>WRK</u> (If yes, give branch, dates of service)		16. SOCIAL SECURITY NO. <u>WRK</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>WRK</u>		ADDRESS <u>WRK</u>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>1, Sholargitis</u> ANTECEDENT CAUSES <u>2, Cholecystitis</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: <u>3, Cardiac Hypertrophy</u> DUE TO (b) <u>3</u> DUE TO (c) <u>3</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>95 C</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>4343</u>		22. I hereby certify that I attended the deceased from <u>7/10/49</u> to <u>7/10/49</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>7/10/49</u> , 19 <u>49</u> , and that death occurred at <u>WRK</u> from the causes and on the date stated above.	
23a. SIGNATURE <u>Joseph T. Deane</u> (Degree or title) <u>Deputy</u>		23b. ADDRESS <u>1300 Clark</u>	
23c. DATE SIGNED <u>6/22/49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify)	
24b. DATE <u>JUL 3, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Anatomical Board</u>	
24d. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE <u>Rowland Mortuary Service</u>	
DATE REC'D BY LOCAL REG. <u>JUL 3, 1949</u>		REGISTRAR'S SIGNATURE <u>J. P. Dusatone</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Rowland Mortuary Service</u>		ADDRESS <u>4104 Manchester Ave</u>	

**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.

Student .....  
Student Embalmer

Signed Neward P Rowland

Licensed Embalmer No. 5114

P. O. Address Warrior 109

**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.