

500
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____ REG. DIST. NO. 162 PRIMARY REG. DIST. NO. 5594 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY JEFFERSON		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) RURAL-MERAMEC		c. CITY (If outside corporate limits, write RURAL and give township) GLENDALE	
c. LENGTH OF STAY (in this place) 3mo-10day		d. STREET ADDRESS (If rural, give location) 169 CORNELIA AVE.	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. JOSEPH'S HILL INF.			

3. NAME OF DECEASED (First) THOMAS		b. (Middle) H		c. (Last) DAILY		4. DATE OF DEATH (Month) (Day) (Year) MAR. 11 1951	
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH 11/18/1875	
9. AGE (In years last birthday) 75		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LAWYER		11. BIRTHPLACE (State or foreign country) PODSETTLEMENT ILL.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY LAW OFFICE		11. BIRTHPLACE		12. CITIZEN OF WHAT COUNTRY?	

13a. FATHER'S NAME JOHN DAILY		13b. MOTHER'S MAIDEN NAME ELENORA STOUT		14. NAME OF HUSBAND OR WIFE KATHRYN LEBUCKER	
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. UNKNOWN		17. INFORMANT'S SIGNATURE OR NAME Brother Paschal, St. Joseph's Hill	

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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CORONARY OCCLUSION		INTERVAL BETWEEN ONSET AND DEATH 4201
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last. DUE TO (b) GENERALISED ARTERIO-		
		DUE TO (c) SCLEROSIS.		
18. CAUSE OF DEATH		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 checked="" 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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **OCT. 6, 1950**, to **MAR. 9, 1951**, that I last saw the deceased alive on **MAR. 9, 1951**, and that death occurred at **5:30 A. M.**, from the causes and on the date stated above.

23a. SIGNATURE S. Warden M.D.		23b. ADDRESS 4323 ROLAND DRIVE		23c. DATE SIGNED 3/11/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL (MTR)		24b. DATE MAR. 12, 1951		24c. NAME OF CEMETERY OR CREMATORY City Cem.	
24d. LOCATION (City, town, or county) (State) SHAWNEETOWN ILL.		25. FUNERAL DIRECTOR'S SIGNATURE Ruth Jirak		ADDRESS KRIEGSHAUSER 4408 SKINGS HIGHWAY	

MAR 27 1951

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JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI
DATE RECEIVED 3-20-51

APR 5 1951

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Edmond A. Hermuth

Signed.....
Student Embalmer

Licensed Embalmer No. 3024

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.