

FILED AUG 2 - 1954

STANDARD CERTIFICATE OF DEATH

State File No. 24427

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 6741

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
d. FULL NAME OF DECEASED FRANK J. DALY 3223 W. DRISBANT POOR		d. STREET ADDRESS (If rural, give location) 2209 Hebert St.	
3. NAME OF DECEASED (Type or Print) a. (First) FRANK		b. (Middle)	
c. (Last) DALY		4. DATE OF DEATH (Month) (Day) (Year) 7/20/54	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH May 31 1882
9. AGE (In years less birthday) 82 72		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired	10b. KIND OF BUSINESS OR INDUSTRY Unk.
11. BIRTHPLACE (State or foreign country) Frankford Kansas		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Thomas Daly		13b. MOTHER'S MAIDEN NAME Margaret Klary	
14. NAME OF HUSBAND OR WIFE None		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	
16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Little Sisters 2209 Hebert St.	
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) Cardio-vascular renal disease  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) None, except too hot  DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None	
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION O.K. J. Smith J. Smith 7/21/54	
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) St. Louis Missouri	
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 442X		22. I hereby certify that I attended the deceased from July 12, 1954, to July 20, 1954, that I last saw the deceased alive on July 13, 1954, and that death occurred at 8 P. M., from the causes and on the date stated above.	
23a. SIGNATURE Bernard F. Kotte M.D.		23b. ADDRESS 2435 N. Grand Blvd	
23c. DATE SIGNED 7-20-54		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 7/22/54		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	
24d. LOCATION (City, town, or county) (State) St. Louis, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE Jos. W. Clark	
25. ADDRESS 1125 Hodiamont Ave.		DATE REC'D BY LOCAL REG. JUL 21 1954	
REGISTRAR'S SIGNATURE Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Jos. W. Clark	

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

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STATEMENT BY LICENSED EMBALMER

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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.

Signed.....  
Student Embalmer

Student Embalmer No. ....  
Signed *Alfred J. Brodeur*  
Licensed Embalmer No. *2663*  
P. O. Address *11951 Hodiam*

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.