

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

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JAN 6 1956

State File No. **41955**  
Registrar's No. **10746**

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

|   |  |  |   |
|---|--|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Mo.</b><br>b. COUNTY |   |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><b>St. Louis</b>  |  | c. CITY OR TOWN <b>St. Louis</b>   |   |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>Enroute City Hospital</b>   |  | e. STREET ADDRESS (If rural, give location)<br><b>4526 Clayton Ave.</b>  |   |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>ANNA</b><br>b. (Middle) <b>V.</b><br>c. (Last) <b>DALY</b>   |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>Dec. 6 1955</b>  |   |
| 5. SEX<br><b>Female</b>   | 6. COLOR OR RACE<br><b>White</b>   | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Married</b>   | 8. DATE OF BIRTH<br><b>Aug. 31, 1895</b>  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Housework</b>   |  | 10b. KIND OF BUSINESS OR INDUSTRY  | 9. AGE (In years last birthday) <b>60</b><br>IF UNDER 1 YEAR Months Days<br>IF UNDER 24 HRS. Hours Min. |
| 11. BIRTHPLACE (City and State or Foreign Country)<br><b>St. Louis, Mo.</b>   |  | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b>  |   |
| 13a. FATHER'S NAME<br><b>John Dinan</b>   |  | 13b. MOTHER'S MAIDEN NAME<br><b>Mary Schwenk</b>   | 14. NAME OF HUSBAND OR WIFE<br><b>Mark A. Daly</b>  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>   |  | 16. SOCIAL SECURITY NO.<br><b>492-07-7109</b>  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><b>Mark A. Daly 4526 Clayton Ave.</b>                      |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))  |  | MEDICAL CERTIFICATION  |   |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Right Cerebellar Hemorrhage</b>   |  | INTERVAL BETWEEN ONSET AND DEATH   |   |
| *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.  |  | II. OTHER SIGNIFICANT CONDITIONS   |   |
| ANTECEDENT CAUSES   |  | DUPLICATE TO (b) <b>Cirrhosis;</b>   |   |
| Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  |  | DUPLICATE TO (c) <b>Left Ventricular Hypertrophy.</b>  |   |
| 19a. DATE OF OPERATION  |  | 19b. MAJOR FINDINGS OF OPERATION<br><b>331 X</b>   |   |
| 20. AUTOPSY? YES <input checked="" 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)  |   |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.  | 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>4:11</b> p.m., from the causes and on the date stated above. |  |  |   |
| 23a. SIGNATURE<br><b>Patrick T. Taylor Coroner</b>  |  | 23b. ADDRESS<br><b>1300 Clark</b>  | 23c. DATE SIGNED<br><b>12. 8. 55.</b>   |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  | 24b. DATE<br><b>Dec. 10, 1955</b>  | 24c. NAME OF CEMETERY OR CREMATORY<br><b>Calvary Cemetery</b>  | 24d. LOCATION (City, town, or county) (State)<br><b>St. Louis, Mo.</b>                                  |
| DATE REC'D BY LOCAL REG.<br><b>DEC 8 1955</b>   | REGISTRAR'S SIGNATURE<br><b>J. Carl Smith MD</b>   | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><b>Kriegshauser 4228 S. Kingshighway Bl.</b>                                   |   |

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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.....  
Signature of Student Embalmer

Signed *Richard W. Storrs*.....

Licensed Embalmer No.....40

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.