FILED SEP 16 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 33385

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7715

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis — Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Mo. Bapt. Hospital — Length of stay in 1b: 1 day

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY: St. Louis
c. CITY OR TOWN: University City — Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location): 7527 Drexel Ave. — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print): First: E — Middle: GEORGE — Last: DAISH, SR.

4. DATE OF DEATH: Month August, Day 16, Year 1957

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED ☐ **NEVER MARRIED** ☐ **WIDOWED** X **DIVORCED** ☐

8. DATE OF BIRTH: Dec. 10, 1869

9. AGE (In years last birthday): 87 — IF UNDER 1 YEAR: Months 8, Days 4 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Election Clerk

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): Philadelphia, Penn.

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: UNK Daish

14. MOTHER'S MAIDEN NAME: UNK Lane

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): -------

16. SOCIAL SECURITY NO.: 487-38-3677

17. INFORMANT — Address: George Daish, Jr. 7527 Drexel Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 1 day
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease — several yrs.
DUE TO (c) 1

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): Pulmonary Congestion due to heart Failure

19. WAS AUTOPSY PERFORMED? YES ☐ NO X

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

4200

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. I attended the deceased from 4-28-57, to 8-16-57 and last saw ~~her~~ him alive on 8-16-57. Death occurred at 3:28 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): A. J. Steiner MD.

22b. ADDRESS: 3968 Olive St.

22c. DATE SIGNED: 8/17/57

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: 8/19/57

23c. NAME OF CEMETERY OR CREMATORY: Valhalla Cemetery

23d. LOCATION (City, town, or county) (State): St. Louis County, Missouri

24. FUNERAL DIRECTOR — ADDRESS: C. R. Lupton & Sons 7233 Delmar

25. DATE RECD. BY LOCAL REG.: AUG 19 57

26. REGISTRAR'S SIGNATURE: J. Earl Smith, MD

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

3109 South Grand
Prospect 2-0380
Wi. 1-0885

Dr. Grod
8367 Olive St. Rd.
Wy. 3-2298

8327 Delmar
Wy. 1-4759

DR. A. J. SEINER
MO. BAPTIST JE-1-5260
8009 GANNON PA 1-0420
3903 WAHL OLIVE ST

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed Arnold W. Schoene

Licensed Embalmer No. 38

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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.