

318

1003

4031

STATE NUMBER

AMENDED

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

DATE AMENDED

INSTEAD OF

DOCUMENT

1. DATE OF DEATH **2 1961**

a. COUNTY _____

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **St. Louis, Mo.** Length of stay in 1b _____

c. CITY OR TOWN **St. Louis** Inside Limits Yes No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **3740 S. Grand** Inside Limits Yes No

d. STREET ADDRESS (If outside, give location) **3740 S. Grand** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last **Irene Dailey**

4. DATE OF DEATH Month Day Year **April 25, 1961**

5. SEX **female** 6. COLOR OR RACE **white** 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH **Nov. 4, 1916** 9. AGE (last birthday) **44**

IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Assembley Line worker,** 10b. KIND OF BUSINESS OR INDUSTRY **Guth Electric** 11. BIRTHPLACE (City and state or country) **St. Louis, Mo.** 12. CITIZEN OF WHAT COUNTRY **USA**

13a. FATHER'S NAME **Frank Reich** 13b. MOTHER'S MAIDEN NAME **Anna Jasonowska** 14. NAME OF HUSBAND OR WIFE **E. Dailey**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **no** 16. SOCIAL SECURITY NO. **None** 17. INFORMANT **St. Louis, Mo. Vera C. Reich 4610 S. Grand,**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) **gunshot wound of right ventricle, suffered when shot with gun in hands of one Everett Dailey in vicinity of 3740 near South Grand, about 5:20 PM April 25, 1961. HOMICIDE**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____

PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) **981X See above**

20c. TIME OF INJURY Hour **5:20** Month, Day, Year **5-25-61**

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.) **street** 20f. CITY, TOWN, OR LOCATION **St Louis, Mo.** COUNTY _____ STATE _____

21. I attended the deceased from _____ to _____ and last saw her/him alive on _____

Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE **[Signature]** (Degree or title) 22b. ADDRESS **1300 Clark** 22c. DATE SIGNED **4-27-61**

23a. BURIAL, CREMATION, REMOVAL (Specify) **removal** 23b. DATE **4-29-61** 23c. NAME OF CEMETERY OR CREMATORY **Mt. Olive Cemetery** 23d. LOCATION (City, town, or county) **Lemay 23, Mo.** (State) _____

24. FUNERAL DIRECTOR **Southern Funeral Home 6322 S. Grand, St. Louis, Mo.** 25. DATE RECD. BY LOCAL REG. **APR 27 1961** 26. REGISTRAR'S SIGNATURE **[Signature]**

ITEM NO. SHOULD READ

BY APPROVIT OF

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 David Van Fossan

Licensed Embalmer No. 4242
P. O. Address St. Louis 8

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.