

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

7114

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Township..... Registration District No. 1003 File No. ....  
 City, St. Louis (No. Josephine Hospital Registered No. 2085 Ward)

**2. FULL NAME**

(a) Residence. No. 4037 Ashland St. 10 Ward. ....  
 (Usual place of abode) (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF Charles Cross

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 10, 1877

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
50 | 9 | 14

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Home  
 (b) General nature of industry, business, or establishment in which employed (or employer).....  
 (c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN; STATE OR COUNTRY) St. Louis Mo

10. NAME OF FATHER Richard Daly

11. BIRTHPLACE OF FATHER (CITY OR TOWN; STATE OR COUNTRY) Ireland

12. MAIDEN NAME OF MOTHER Mary Collins

13. BIRTHPLACE OF MOTHER (CITY OR TOWN; STATE OR COUNTRY) Illinois

14. INFORMANT (Address) Charles Cross 4037 Ashland Ave

15. FILED Mar. 6, 1928 Registrar Max G. Starckoff

**MEDICAL CERTIFICATE OF DEATH**

2 16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 24, 1928

17. I HEREBY CERTIFY, That I attended deceased from Oct 26, 1926, to Feb 24, 1928 that I last saw her alive on Feb 24, 1928, and that death occurred, on the date stated above, at 7 20 P. m.

18. THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
131 Nephritis. Chronic Interstitial  
95B

(duration) 3 yrs. mos. da.  
 CONTRIBUTORY Cordiac Distention  
 (SECONDARY) (duration) no yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED 1037 Ashland  
 IF NOT AT PLACE OF DEATH.....  
 DID AN OPERATION PRECEDE DEATH? no DATE OF.....  
 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS:  
 (Signed) Att. Tuttle, M. D.  
W. 25, 1928 (Address) Trinity Bldg

\*State the DISEASE CAUSING DEATH, or in death from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Bellefontaine Cemetery DATE OF BURIAL Feb 27, 1928

20. UNDERTAKER Drehmann Haul ADDRESS 1905 Union

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Inico Bldg

Main 1042

11 AM