

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

Do not use this space.

18556

1. PLACE OF DEATH

County..... Registration District No. 791
 City St. Louis Primary Registration District No. 7003
 (No. Mo. Baptist Sanitarium St. Ward)

File No.
 Registered No. 4912

2. FULL NAME

Officer George E. Dailey
 (a) Residence. No. 6115 Crescent Av. St. 41 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Emma M. Dailey

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 4, 1868

7. AGE YEARS MONTHS Days If LESS than 1 day, hrs. or min.
59 10 0

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Policeman
 (b) General nature of industry, business, or establishment in which employed (or employer) Metropolitan Police Department
 (c) Name of employer

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

10. NAME OF FATHER Thomas Dailey

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

12. MAIDEN NAME OF MOTHER Anna Mills

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

14. INFORMANT Emma M. Dailey
 (Address) 6115 Crescent Av.

15. FILED MAY -5 1929 May E. Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 4, 1928

17. I HEREBY CERTIFY That I attended deceased from April 4, 1928, to May 4, 1928, that I last saw alive on May 4, 1928, and that death occurred, on the date stated above, at 11:30 A. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Sanguine of foot
non-diabetic
(Sapremia)
 (duration) yrs. mos. ds. 6

CONTRIBUTORY (SECONDARY) Arteriosclerosis & Nephritis
Chronic (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH 1290

DID AN OPERATION PRECEDE DEATH? DATE OF
 WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) B. Shauler, M. D.
 5/5, 1928 (Address) 1514 So. Jefferson

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Calvary Cemetery DATE OF BURIAL 5-7-1928

20. UNDERTAKER Friegshauser & Co ADDRESS 4104 Marchant

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

Dr. Shanklin 1514 S. Jefferson Av.
9-10 A.M.