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

Do not use this space. 535

14194

File No. 3528

Registered No.

1. PLACE OF DEATH

County

Registration District No. 791

Township

Primary Registration District No. 1003

City St Louis (No. St. Johns Hospital St. Ward)

2. FULL NAME William Dailey

(a) Residence. No. 2927 Eads Ave St. 17 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	widower.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 16th 1854

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	76	—	19	

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

9. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Canada.

PARENTS

10. NAME OF FATHER John Dailey.

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

12. MAIDEN NAME OF MOTHER Mary Carroll.

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

14. INFORMANT Mrs Elizabeth Dailey.
(Address) 2927 Eads Ave.

15. APR - 11 1930
FILED, 19 Guy C Parker
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 5 1930

17. I HEREBY CERTIFY, That I attended deceased from Apr 2, 1930, to Apr. 5, 1930 that I last saw him alive on Apr. 5, 1930, and that death occurred, on the date stated above, at 6.45 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Fracture base of neck left femur due to falling down stairs at home.
1868
1940
1115
Accident (duration) yrs. mos. 3 ds.

CONTRIBUTORY (SECONDARY) Pulmonary Oedema (duration) yrs. mos. 3 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH 2927 Eads Ave
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? X Ray & Laboratory Findings
(Signed) E. C. Hirschwalder M. D.
4/7, 1930 (Address) Metropolitan Bldg

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Calvary Cemetery	Apr 9 1930.
20. UNDERTAKER	**ADDRESS**
Pelz Bros	3029 Lafayette Ave

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.

Met Bldg.

1 30 pm Monday.