MARGIN RESERVED FOR BINDING

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.

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

Do not use this space.

14993

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 3517

Township ..... Primary Registration District No. 1003 Registered No. 3517

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

#744

2. FULL NAME Thomas James Daly

(a) Residence, No. 1411 Olive St., 25 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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): unknown

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): unknown

7. AGE: YEARS abt. 75 | MONTHS | DAYS | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown

FATHER

13. NAME: unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown

MOTHER

15. MAIDEN NAME: unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown

17. INFORMANT (ADDRESS): Hospital Information Grace Kopp City Hospital

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE 4/19.33, 19

19. UNDERTAKER (ADDRESS): Robert Lambrecht Inc. Clayton Road at Concordia Lane

20. FILED APR 18 1933 Max C. Hardy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 15th, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 14th, 1933, to April 15th, 1933

I last saw him alive on April 15th, 1933 Death is said to have occurred on the date stated above, at 4.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	4-14-33+
Chronic Myocarditis	4-14-33+

Other contributory causes of importance:

Paralysis Agitans	4-14-33+
Arteria Sclerosis	4-14-33+
Hemiplegia (Old)	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Arthur A. Hines, M. D.

(Address) City Hospital

Daly