

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

Do not use this space.

18515

1. PLACE OF DEATH

County Registration District No. 791
 Township St. Louis Primary Registration District No. 1000R
 City St. Louis (No. De Paul Hospital)

File No.
 Registered No. 4777
 St. Ward)

2. FULL NAME

Edward Frederick Daly
 (a) Residence, No. 6163 Pershing Ave. 5 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 31, 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
66 10 28

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Asst. Assessor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. St. Louis City Hall

10. Date deceased last worked at this occupation (month and year) May 1, 1933 11. (Total time (years) spent in this occupation) 12

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

13. NAME Baron Trent Daly

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

15. MAIDEN NAME Mary Gilispie

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT (ADDRESS) Mrs. Edna M. Storch
6163 Pershing Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Cem DATE June 1, 1933

19. UNDERTAKER (ADDRESS) Drehmann Hays
1905 Union Blvd

20. FILED: MAY 21 1933 J. J. Bredeck
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 29, 1933

22. I HEREBY CERTIFY, That I attended deceased from 4-15, 1933, to 5-29, 1933

I last saw him alive on 19..... Death is said to have occurred on the date stated above, at 4:30 P.

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

Hypostatic Pneumonia Date of onset 5/28/33

124B
137
870/24B

Other contributory causes of importance:

Carcinosis of Liver
Hypertrophic Prostatitis
Alcoholic Nephritis

Name of operation none Date of.....

What test confirmed diagnosis? Phys Exam 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? No

If so, specify.....

(Signed) E. J. Lunsche M. D.

(Address) 4885 Natural Bridge

Registrar.

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.

4885 Nat B

r-4