

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

Do not use this space.

NOV 9 1935

8354
33944

1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City.....

St. Louis *of Alexian Bros Hospital*

File No.....

Registered No.....

St. Ward)

2. FULL NAME

(a) Residence, No. *3860 Lincoln Ave. 7* *11* 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 *M.* 4. COLOR OR RACE *W.* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *July 16 1859*

7. AGE YEARS *76* MONTHS *2* DAYS *17* If LESS than 1 day,hrs. ormin.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Retired*

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) *Illinois*

13. NAME *Thomas Dailey*

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

15. MAIDEN NAME *Mary Thornton*

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

17. INFORMANT (ADDRESS) *Mrs Margaret Svendsen*
3801 Kennerly Av.

18. BURIAL, CREMATION, OR REMOVAL PLACE *Calvary* DATE *Oct 5* 1935

19. UNDERTAKER (ADDRESS) *Callidans Bros.*
1714 N Grand Blvd.

20. FILED *Oct 17 1935* *J. Bredeck* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Oct 3* 1935

22. I HEREBY CERTIFY, That I attended deceased from *April 13*, 19*25* to *Oct 3*, 19*35*

I last saw h. *live* on *Oct 3*, 19*35* Death is said to have occurred on the date stated above, at *8:45* a.m.

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

Chronic myocarditis Date of onset *2-3 yrs*
Chronic nephritis *6 mos.*

Other contributory causes of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

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? *hs*
If so, specify

(Signed) *Edmond Soren*, M. D.
(Address) *1703 So Grand*

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.

Frisco Bldg

GA. 5104

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10/10/44