

NOV 4 1936

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **St. Louis** (No. **St. Johns Hosp**)

39086
File No.
Registered No. **10115**
St. Ward)

2. FULL NAME **Alise F Daly**

(a) Residence, No. **410 N. Newstead Ave.** St. **19** 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. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**
5A. IF MARRIED, WIDOWED, OR DIVORCED **HUSBAND**
(OR) WIFE OF **Lee L. Daly**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Jan 22nd, 1878**
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
58 8 13

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **At Home**
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 **106**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ohio Near**13. NAME **John B Puray**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ohio**15. MAIDEN NAME **Catherine McShane**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ohio**17. INFORMANT **Lee L Daly**
(ADDRESS) **410 N. Newstead Ave**18. BURIAL, CREMATION, OR REMOVAL
PLACE **Calvary Cent** DATE **Oct 7th 1936**19. UNDERTAKER **Harrigan & Sheahan Und Co**
(ADDRESS) **4415 Washington Blvd.**20. FILED **927 6 1936** **J. J. Bueck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Oct 5th, 1936**

22. I HEREBY CERTIFY, That I attended deceased from **June 28, 1936, to Oct. 5, 1936**
I last saw him alive on **Oct 4, 1936** Death is said to have occurred on the date stated above, at **6:30 AM**
The principal cause of death and related causes of importance were as follows:

Myocardial failure Date of onset **10/1/36**
Pulmonary Edema **10/1/36**
Septic (lobar pneumonia) **10/2/36**
Septicemia (Staphylococcus) **9/2/36**

Other contributory causes of importance:

Collection of fist arm July, 1936
Coronary arteriosclerosis

Name of operation: **Drainage of arm** Date of **July 25/36**What test confirmed diagnosis? **Albumin** 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. **No**

Manner of injury:

Nature of injury:

24. Was disease or injury in any way related to occupation of deceased? **No**

If so, specify:

(Signed) **J. J. Bueck** Registrar(Address) **700 N. Kingshighway****St. Louis Mo**

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.

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

Dr. Parson
70571 / 14/10/50
100-380
No 2571