

REC'D MAY 10 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH791
1008

13063

Do not use this space.

3405

1. PLACE OF DEATH

(a) County..... Registration District No.....
 (b) Township..... Primary Registration District No.....
 or St. Louis, Mo. (d) Street No..... City Infirmary St.
 (c) City..... (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 66 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

John Daley
 (a) Residence, No. 5800 Arsenal St. 13 (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
 4. COLOR OR RACE White
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 16, 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
 77 7 17

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer
 9. Industry or business in which work was done, as 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) Unknown
 (STATE OR COUNTRY) Ireland

FATHER
 13. NAME Thomas Daley

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

MOTHER
 15. MAIDEN NAME Mary Welch

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

17. INFORMANT J.G. Sullivan
 (ADDRESS) 5800 Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Calvary Cem. DATE April 12, 1939

19. FUNERAL DIRECTOR (NAME) J.H. Gubben & Co.
 (ADDRESS) 2242 Wisconsin St.

20. FILED APR 12 1939 J.D. [Signature] Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 2, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec. 8, 1938, to April 2, 1939

I last saw him alive on April 2, 1939 Death is said to have occurred on the date stated above, at 1:40 a.m.
 The principal cause of death and related causes of importance were as follows:

*Myocardial Insufficiency
 Bronchopneumonia
 Stenosis of Myocardium*

Other contributory causes of importance:
*Cyst of Rt. Kidney
 Arteriosclerosis
 Non malignant No Stones*

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?
 If so, specify.....
 (Signed) P. Potoschick, M. D.
 (Address) 5600 Arsenal St.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

No Embalming

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.