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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37130

Registration District No. 791 | Primary Registration District No. | Registrar's No. 9403

FILED DEC 11 1940

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1121 Hebert St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether 2 0)
In this community 15 Years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 1003
(a) State Missouri. (b) County
(c) City or town St. Louis. 26
(If outside city or town limits, write "RURAL")
(d) Street No. 1121 Hebert St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME May Daly.
3. (b) If veteran, name war No.
3. (c) Social Security No. None.
4. Sex Female.
5. Color or race White
6. (a) Single, widowed, married, divorced Single.
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased December 13 1899.
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
40	11	1	hr. min.

9. Birthplace Mt. Olive, Illinois. 1
(City, town, or county) (State or foreign country)
10. Usual occupation Housework. 5
11. Industry or business
FATHER
12. Name Wm. R. Daly. 0
13. Birthplace Ireland.
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Anna Kramer.
15. Birthplace St. Louis, Missouri.
(City, town, or county) (State or foreign country)
16. (a) Informant Anna D. Jordon
(b) Address 1121 Hebert St.
17. (a) Burial (b) Date thereof 11-18-40.
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine cem.
18. (a) Signature of funeral director Wm Leidner und. Co.
(b) Address 2223 St. Louis Ave.
19. (a) NOV 16 1940 (b) [signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. 14th, 1940
year hour 12.55 minute P. M.
21. I hereby certify that I attended the deceased from Febr. 11th, 1938 to Nov. 14th, 1940
that I last saw her alive on Nov. 14th, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	11 hrs
Due to Hypertension	2 yrs.
Due to Infantile Paralysis at age of 8 years.	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury 1
23. Signature Edwin J. Overhill (M. D. or other) MD
Address 3635 Mt Pleasant Date signed 11/15/40.

(Licensed Embalmer's Statement on Reverse Side)

Dr Frorlich 3635 N. Newstead
Mar. 8752 9-10 A.M.

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.

Signed Homer L. Ponder

Licensed Embalmer No. 3367

P. O. Address 2223 St. Louis

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

If this body is not embalmed, fact should be so stated above.