

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29345

Registration District No. 284

Primary Registration District No. 117

Registrar's No. 1805

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Webster Groves, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 15 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96
(c) City or town Webster Groves 7
(If outside city or town limits, write "RURAL") 5
(d) Street No. 830 Providence
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 58 0 years.

3. (a) PRINT

FULL NAME Daniel D. Herlihy
3. (b) If veteran, name war Nil 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ione Grassmuck Herlihy 6. (c) Age of husband or wife if alive 61 years
7. Birth date of deceased Feb. 2 1879
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
62 6 29 _____ hr. _____ min.

9. Birthplace ? Ireland
(City, town, or county) (State or foreign country)

10. Usual occupation Salesman

11. Industry or business America Radiator Co.

MOTHER FATHER { 12. Name John D. D. Herlihy //
13. Birthplace ? // Ireland
(City, town, or county) (State or foreign country)
14. Maiden name Catherine Sullivan
15. Birthplace ? // Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Ione G Herlihy
(b) Address 830 Providence Ave

17. (a) Burial (b) Date thereof. Sept 3 '41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation VALHALLA CEMETERY
MITTELBERG FUNERAL HOME

18. (a) Signature of funeral director _____
(b) Address WEBSTER GROVES, MO.

19. (a) SEP - 2 1941 (b) C. D. McFarland
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 31
year 1941 hour 5 minute 30 p.m.

21. I hereby certify that I attended the deceased from May, 1938, to Aug, 1941,
that I last saw him alive on Aug 31, 1941,
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma (Prostate)

Due to _____

Due to Upto date

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Carcinomatous
Of operations _____
Of autopsy _____

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?
Inc. _____
(Specify type of place)
While at work? _____ (e) Means of injury _____

23. Signature W. Alexander Smith (M. D. or other) _____
Address Webster Groves Date signed 9-2-41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

SEP 4 1944

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 Guy W Wilkins

Licensed Embalmer No 3575

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, fact should be so stated above.