

FILED OCT 21 1942
Registration District No. **318**

Primary Registration District No. **1003**

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

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:
Firmin Desloge
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether

In this community..... **Life**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Missouri** (b) County..... **St. Louis** **96**

(c) City or town..... **St. Louis County - Wellsville**
(If outside city or town limits, write "RURAL")

(d) Street No. **1282 Purcell Ave.**
(If rural, give location)

(e) Citizen of foreign country?.....
(Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME **Dailey, Sarah**

3. (b) If veteran, name war..... **No**

3. (c) Social Security No. **None**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **7**
year..... **1942** hour **8** minute **20 P.M.**

21. I hereby certify that I attended the deceased from **Sept 8**
30 1942, to **Oct 7** 1942,
that I last saw h.s.r. alive on **Oct. 7** 1942,
and that death occurred on the date and hour stated above.

4. Sex **Female** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Patrick Dailey**

6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased **August** **6** **1863**
(Month) (Day) (Year)

Immediate cause of death.....
Hyper-tensive Cardio-vascular disease ben certain

Due to.....

Due to.....

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

Major findings: Of operations.....

Of autopsy.....

8. AGE: Years Months Days If less than one day

79 **2** **1** hr. min.

9. Birthplace **Hannibal** **Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business **At home**

12. Name **? Schuck**

13. Birthplace **Unknown** **9**
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Unknown** **9**
(City, town, or county) (State or foreign country)

16. (a) Informant **John W. Dailey**

(b) Address **1282 Purcell Ave.**

17. (a) **Burial** (b) Date thereof **Oct. 10/42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **Jo W. Clark**

(b) Address **1125 Hodiamont Ave.**

19. (a) **OCT 9 1942** (b) **J. F. Bredeck**
(Date received local Registrar) (Registrar's signature)

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?.....

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

23. Signature **Wm. C. Macdonald** (M. D. coroner)
Address **1325 So. Grand Blvd** Date signed **10/8/42**

Duration

Underline the cause to which death should be charged statistically.

MOTHER FATHER

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.....

[Handwritten Signature]
.....
Licensed Embalmer No. 3225

P. O. Address. 1125 Hordlamont

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.