

33010

S. No. 2  
M-5-42  
7-5-17-39  
PI X 1257

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. 9592V

NOV 10 1943

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, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
3535 Iowa Avenue /  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution.....  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri..... (b) County.....  
 (c) City or town..... St. Louis  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 3535 Iowa Ave.,  
(If rural, give location)  
 (e) Citizen of foreign country?.....  
If yes, name country.....

3. (a) PRINT FULL NAME THOMAS J. DALY  
 3. (b) If veteran, name war.....  
 3. (c) Social Security No.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 31st  
 year 1943 hour 9:10 minute P. M.

4. Sex male 5. Color or race white  
 6. (a) Single, widowed, married, divorced married  
 6. (b) Name of husband or wife..... Katherine Daly (Price) alive..... years  
 6. (c) Age of husband or wife if  
 7. Birth date of deceased February 28th 1879  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from....., 19..... to....., 19.....;  
 that I last saw him..... alive on....., 19.....;  
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
64 8 3 hr. min.

Immediate cause of death  
Coronary Occlusion, Arterio Sclerosis

9. Birthplace..... St. Louis, Missouri 0  
(City, town, or county) (State or foreign country)

Due to.....  
 Due to..... 94

10. Usual occupation.....  
 11. Industry or business.....

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

MOTHER FATHER  
 12. Name..... Anthony Daly  
 13. Birthplace..... Ireland 4  
(City, town, or county) (State or foreign country)  
 14. Maiden name..... Margaret Marshall  
 15. Birthplace..... Ireland 4  
(City, town, or county) (State or foreign country)

Major findings: Of operations.....  
 Of autopsy.....  
 PHYSICIAN  
 Underline the cause to which death should be charged statistically.

16. (a) Informant..... Mrs. Katherine Daly-wife  
 (b) Address..... 3535 Iowa Ave.,  
 17. (a) burial (b) Date thereof 11-4-43  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation..... Calvary Cem

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)

18. (a) Signature of funeral director..... Sullivan Brothers,  
 (b) Address..... 2849 North Euclid Ave.,  
 19. (a) NOV 1 1943 J. F. Brudick  
(Date received local registration) (Registrar's signature)

While at work?.....  
 (c) Means of injury.....  
 23. Signature..... Alfred J. Perry, M.D.  
 Address..... Legity Coroner Date signed 11/1/43

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**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 *Albert J. Mayfield*

Licensed Embalmer No. *3077*

P. O. Address *St. Louis, Mo.*

**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.**