DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 23 1944

Registration District No. 318

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 19598

Registrar's No. 5346

1. PLACE OF DEATH:

(a) County

(b) City or town Saint Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 5711 Sputh Broadway.
(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) 1

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County

(c) City or town Saint Louis.
(If outside city or town limits, write "RURAL")

(d) Street No. 5711 So. Broadway
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Daniel Craig Dailey.

3. (b) If veteran, name war

3. (c) Social Security No. 488-07-2338.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married.

6. (b) Name of husband or wife Elizabeth Dailey

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased May (Month) 15th, (Day) 1878. (Year)

8. AGE: Years 66 | Months 0 | Days 24 | If less than one day hr. min.

9. Birthplace New Jersey
(City, town, or county) (State or foreign country)

10. Usual occupation President Hammer Dry Plate Co.

11. Industry or business

MOTHER FATHER

12. Name Michael Dailey

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

14. Maiden name Mary ?

15. Birthplace New York New York.
(City, town, or county) (State or foreign country)

16. (a) Informant Elizabeth Dailey

(b) Address 5711 South Broadway

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof June-12-1944. (Month) (Day) (Year)

(c) Place: burial or cremation Bloomfield, New Jersey.

18. (a) Signature of funeral director Zegenhein Bros

(b) Address 6409 Gravois Ave.

19. (a) JUN 13 1944 (Date received local registrar) (b) J. F. Bredeke (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 9th, year 1944. hour 9 minute 30 A. M.

21. I hereby certify that I attended the deceased from 4/22/44, 19..., to 6/9, 1944, that I last saw him alive on 6/9, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Occlusion	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) Hypertension	

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?

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

23. Signature Jos. G. Grantz (M. D. or other)

Address 5521 S. Broadway Date signed 6/10/44

(Licensed Embalmer's Statement on Reverse Side)

JUN 13 1944

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5346

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 W. Fritz

Licensed Embalmer No. 3882

P. O. Address.....

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

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