

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 **ST. LOUIS**
(b) City or town **ST. LOUIS**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
928 S. KINGSHIGHWAY 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether
in this community..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO.** (b) County **ST. LOUIS**
(c) City or town **ST. LOUIS**
(If outside city or town limits, write "RURAL")
(d) Street No. **928 S. KINGSHIGHWAY 1**
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **JEREMIA DALY**

3. (b) If veteran, name war **NO** 3. (c) Social security No.

4. Sex **MALE** 5. Color or race **W.** 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 **MARCH 10 1864**
(Month) (Day) (Year)

8. AGE: Years **82** Months **10** Days **5** If less than one day hr. min.

9. Birthplace **IRELAND 4**
(City, town, or county) (State or foreign country)

10. Usual occupation **NIL**

11. Industry or business

12. Name **CHARLES DALY**

13. Birthplace **IRELAND 4**
(City, town, or county) (State or foreign country)

14. Maiden name **MARY MAHONEY**

15. Birthplace **IRELAND 4**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mr. John Daly**
(b) Address **3826 Gravois**

17. (a) **BURIAL** (b) Date thereof **JAN 17-47**
(Burial, cremation, or other) (Month) (Day) (Year)

(c) Place: burial or cremation **PARKLAWN CEM.**

18. (a) Signature of funeral director **E. J. Schurz**
(b) Address **3125 Lafayette av.**

19. (a) **JAN 16 1947** (b) **J. F. Bredack**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** 15
year **1947** hour **8** minute **A.M.**

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.

Immediate cause of death
Chronic Myocarditis
Chronic Interstitial Nephritis
Due to.....
Due to.....
Other conditions (Include pregnancy within 3 months of death) **12/1**

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

Major findings:
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?

While at work? (Specify type of place) (e) Means of injury **3**

23. Signature **Dr. Alfred J. Perry** (M. D. or other)
Address **Deputy Coroner** Date signed **1-16-47**

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

Joseph B. Vollmer

Licensed Embalmer No.

4014

P. O. Address

St. Louis 4, 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.