

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10717**

FILED APR 14 1947
318

Registration District No. _____

Primary Registration District No. **1003**

Registrar's No. **3457**

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: Missouri Baptist Hospital
(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

3. (a) PRINT FULL NAME Mary Elizabeth Daley

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female / 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Daniel E. Daley 6. (c) Age of husband or wife if alive 27 years

7. Birth date of deceased Dec. 10th. 1919
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
27 3 21 hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name John J. McDermott

13. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Ring
St. Louis, Mo.
(City, town, or county) (State or foreign country)

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

16. (a) Informant Daniel E. Daley
(b) Address 4248a Prarie Ave.

17. (a) Burial (b) Date thereof 4/8/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Sullivan's Funeral Dir.
(b) Address 2849 North Euclid Ave.

19. (a) APR 1 1947 (b) G. J. Bredeek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4248a Prarie Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 31st.
year 1947 hour 5.15 minute _____ A. M.

21. I hereby certify that I attended the deceased from March 25th,
1947, to March 31, 1947,
that I last saw her alive on March 30,
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Embolism,
Thalamic Syndrome. Duration _____

Due to Post Partem Psychosis.

Due to Childbirth, March 14th, 1947.

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

Major findings: _____
Of operations _____

Of autopsy None. Autopsy did not examine brain.

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 Arthur M. [Signature]
Address 634 N. Grand Blvd. Date signed 3/31/47.

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

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

Dr. A.M. Thompson
Missouri Theatre Bldg. JE. 5162

After 2:00 pm.

mil

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.....

Licensed Embalmer No. *2553*

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.