No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED APR 14 1947

Registration District No. 14

Primary Registration District No. 3067

State File No. 11800

Registrar's No. 806

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

1. PLACE OF DEATH:
(a) County St.Louis
(b) City or town Ladue Village,Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: # 7 Wakefield
(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
(c) City or town Ladue Village
(If outside city or town limits, write "RURAL")
(d) Street No. # 7 Wakefield
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Mary E.Daly
3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex F.
5. Color or race W.
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Charles J.Daly
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased Aug. (Month) 29. (Day) 1873 (Year)

8. AGE:	Years	Months	Days	If less than one day
	73	6	8	..... hr. ..... min.

9. Birthplace Kirkwood,Mo. (City, town, or county) (State or foreign country)
10. Usual occupation At Home
11. Industry or business .....

FATHER
12. Name William Maginnis
13. Birthplace Illinois (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Bets
15. Birthplace St.Louis,Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Charles J.Daly
(b) Address # 7 Wakefield
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-9-47 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Arthur J Donnelly
(b) Address 3840 Lindell Blvd
19. (a) 4-10-47 (Date received local registrar) (b) Cecil E. Shaw (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 7th year 1947 hour 8 minute 00 A.M.

21. I hereby certify that I attended the deceased from Dec. 7, 1946 to April 7, 1947 that I last saw her alive on April 7, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardio vascular disease	4 mo.
Due to: Myocarditis 93d	4 mo.
Due to: Nephritis.	4 mo.
Other conditions (Include pregnancy within 3 months of death)	

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN
Underline the cause of 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? ..... (Specify type of place)
While at work? ..... (e) Means of injury .....

23. Signature Theodore Greene D. or other
Address 4500 Alma Date signed F03800

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Lindell

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.