No. 2
1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED FEB 9 1948
Registration District No. 317

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 0
Registrar's No. 262

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Normandy
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mother of Good Council Home 5
(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 Missouri (b) County
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 5022 Aubert Ave. 9
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME Mary Daly
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 Thomas J. Daly
6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased August (Month) 22nd (Day) 1871 (Year)

8. AGE: Years 76 Months 5 Days 26 If less than one day hr. min.

9. Birthplace Ireland (City, town, or county) 4 (State or foreign country)
10. Usual occupation Housewife
11. Industry or business

FATHER
12. Name Anthony Mohan 4
13. Birthplace Ireland (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Ireland (City, town, or county) 4 (State or foreign country)

16. (a) Informant Thomas J. Daly
(b) Address 5022 Aubert Ave.
17. (a) urial (Burial, cremation, or removal) (b) Date thereof 1/28/48 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cmetery
18. (a) Signature of funeral director Sullivan Funeral Dir.
(b) Address 2849 North Euclid Ave.
19. (a) 1-27-48 (Date received local registrar) (b) Cecila Sharp MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 24th.
year 1948 hour 9.00 minute P. M.
21. I hereby certify that I attended the deceased from 12-30-1944
1944, 19, to Jan-24th-1948;
that I last saw her alive on Jan-24th-1948, 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Chr- Arterio sclerosis.
Due to Hemeplegia-Second stroke Bi lateral.
Due to Senile- dementia 83
Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations Left side complete paralysis
Of autopsy No.
Died in home of incurables

Duration

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 0
23. Signature Luke B. Turnon, (M. D. or other)
Address 3734- Jennings Road Date signed 1-27-48

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

Dr. L.B. Toernon

n 3734 Jennings Road

EV. 1968

Miss Johnson 12 3

APR 17 1953

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 Robert L Brinkman

Licensed Embalmer No. 3553

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.