S. No. 300
v. 10.48

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

FILED JUL 15 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20922

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5230

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis 5
c. LENGTH OF STAY (In this place) 9 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Little Flower Retreat

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY aaa
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis 17
d. STREET ADDRESS (If rural, give location) 23 2500 S. 18th St. 9

3. NAME OF DECEASED (Type or Print)
a. (First) Elizabeth
b. (Middle) Dailey
c. (Last)

4. DATE OF DEATH (Month) July (Day) 1 (Year) 1949

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH May 7, 1870
9. AGE (In years last birthday) 79 — If under 1 year: Months 1, Days 24 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Alton, Illinois
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME James Dailey
13b. MOTHER'S MAIDEN NAME Catherine Cassin
14. NAME OF HUSBAND OR WIFE none

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. no
17. INFORMANT'S SIGNATURE OR NAME James Dailey **ADDRESS** 3127 Locust St.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocardial Disease — INTERVAL BETWEEN ONSET AND DEATH: 6 mos.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 9 320
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 4500

22. *I hereby certify that I attended the deceased from about June 19 49, to July 1st, 19 49, that I last saw the deceased alive on July 1st, 19 49 and that death occurred at 8 a. m., from the causes and on the date stated above.*

23a. SIGNATURE Paul R. Webb (Degree or title) M.D.
23b. ADDRESS 1915 a Sidney
23c. DATE SIGNED 7/2/49

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE July 5.1949
24c. NAME OF CEMETERY OR CREMATORY St. Patricks Cemetery
24d. LOCATION (City, town, or county) Alton, Illinois (State)

DATE REC'D BY LOCAL REG. JUL 2 1949
REGISTRAR'S SIGNATURE J. B. Lanster
25. FUNERAL DIRECTOR'S SIGNATURE Bernard Niehaus **ADDRESS** 1431 Union Blvd.

(Licensed Embalmer's Statement on Reverse Side)

D.V. Wright
1915 Sedney
10-12

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~~ Me

working under my personal supervision.

Student Embalmer No.....

Signed Elton R H Remelius

Signed.....
Student Embalmer

Licensed Embalmer No. 4283

P. O. Address St. Louis, 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.