

FILED JAN 13 1951
#97724

STANDARD CERTIFICATE OF DEATH

1003

State File No. 42139
10961

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE			
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis, Mo.				b. COUNTY Missouri			
c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) 10 TOWN		St. Louis		2169	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Louis City Hospital #1.				d. STREET ADDRESS (If rural, give location) 4248a Prairie			
3. NAME OF DECEASED (Type or Print)		a. (First) DANIEL		b. (Middle) DALEY		c. (Last)	
5. SEX Male <input checked="" type="checkbox"/>		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Jan. 1st, 1892	
9. AGE (In years last birthday)		IF UNDER 1 YEAR Months		IF UNDER 11 HRS. Hours		IF UNDER 15 HRS. Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Asbestos worker		10b. KIND OF BUSINESS OR INDUSTRY Unemployed		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Daniel Daley			13b. MOTHER'S MAIDEN NAME Catherine unknown			14. NAME OF HUSBAND OR WIFE Elizabeth Daley	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Elizabeth Daley 4248a Prairie			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) MEDICAL CERTIFICATION <i>Chronic Lymphatic Leukemia</i>				INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		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 <i>Spleen enlarged 2x</i>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>2nd. 0</i>			
22. I hereby certify that I attended the deceased from <u>12/8/50</u> to <u>12/19/50</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>12/19/50</u> , 19 <u>50</u> , and that death occurred at <u>2:20pm</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <i>Herbert S. Lund, M.D.</i>				23b. ADDRESS 1515 Lafayette Ave.,		23c. DATE SIGNED 12/22/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12/22/50		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri	
DATE REC'D BY LOCAL REG. DEC 22 1950		REGISTRAR'S SIGNATURE <i>J. B. Larson</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Sullivan Brothers 2849 N. Euclid			

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

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Robert L. Bruckner

Signed.....
Student Embalmer

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.