

FILED FEB 24 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6089
State File No.
0561
Registrar's No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY <u>D</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Wellston 4311</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ALEXIAN-BROS-HOSPITAL</u>		d. STREET ADDRESS (If rural, give location) <u>6409 Suburban Ave.</u>	
3. NAME OF DECEASED a. (First) <u>John</u>		b. (Middle) <u>J.</u>	c. (Last) <u>DALY</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>1 18 55</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WID</u>	8. DATE OF BIRTH <u>3-21-94</u>
9. AGE (In years last birthday) <u>60</u>		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>R.R. Clerk</u>	11. BIRTHPLACE (State or foreign country) <u>St. Louis, Missouri</u>
			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>William Daly</u>		13b. MOTHER'S MAIDEN NAME <u>Katherine O'Callahan</u>	14. NAME OF HUSBAND OR WIFE <u>Winefred Daly DECEASED</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>W.W.#1</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>John Daly Jr. 5924a Romaine Pl.</u>
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) <u>Respiratory failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Pneumonia, lobar, acute</u> 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. <u>Chr generalized Epileptic seizure</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>490x</u>	
22. I hereby certify that I attended the deceased from <u>Jan 5</u> , 19 <u>55</u> , to <u>JAN-18</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>1-18</u> , 19 <u>55</u> , and that death occurred at <u>11:30A</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Wm Parker</u>		(Degree or title) <u>D. M. D.</u>	23b. ADDRESS <u>807 Carleton Bldg. Ctr</u>
			23c. DATE SIGNED <u>1/19/55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1/20/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>
DATE REC'D BY LOCAL REG. <u>JAN 20 1955</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith MD</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Jos. W. Clark 1125 Hodiament Ave.</u>

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Alfred J. Bradeker

Licensed Embalmer No. 2663

P. O. Address 11257 Adams

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.