MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-61-007104
STATE FILE NUMBER

AMENDED ✓ FILED VS MAR 2 1961

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 463

1. PLACE OF DEATH
a. COUNTY: St Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Baldwin — Length of stay in 1b: 1 Mo
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Pine Crest Home — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mis — b. COUNTY: Milwaukee
c. CITY OR TOWN: Milwaukee — Inside Limits: Yes ☐ No ☑
d. STREET ADDRESS (If outside, give location): 716 So 10 St — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: GEORGE — Middle: — Last: DALY
4. DATE OF DEATH: Month: Feb — Day: 14 — Year: 1961
5. SEX: Male
6. COLOR OR RACE: Whit
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: Feb 11 1884
9. AGE (last birthday): 77 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: City of Milwaukee
11. BIRTHPLACE (City and state or country): Wisconsin
12. CITIZEN OF WHAT COUNTRY: ~~Ma~~ U S A
13a. FATHER'S NAME: John Daly
13b. MOTHER'S MAIDEN NAME: Lena Schoblaski
14. NAME OF HUSBAND OR WIFE: Anna
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.: ?
17. INFORMANT: Jerald Daly — Address: 7766 Folk Z 17

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Congestive heart failure — INTERVAL BETWEEN ONSET AND DEATH: 1 year
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c): arteriosclerosis — 2-3 years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Pneumonia bronchial
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. — Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. I attended the deceased from 12 Jan 61, to 14 Feb 61 and last saw ~~her~~ him alive on 13 Feb 61
Death occurred at 9 20 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: James A. Wood MD. (Degree or title)
22b. ADDRESS: 8230 Forsythe
22c. DATE SIGNED: 2/14/61

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 2 14 1961
23c. NAME OF CEMETERY OR CREMATORY: Forest Home Cem
23d. LOCATION (City, town, or county) (State): Milwaukee Wis

24. FUNERAL DIRECTOR: McLaughlin Funeral home — ADDRESS: 2301 Lafayette St Louis
25. DATE RECD. BY LOCAL REG.: 2-14-61
26. REGISTRAR'S SIGNATURE: John C. Murphy M.D.
(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

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_____
Signature of Student Embalmer

Signed H. G. Farris

Licensed Embalmer No. 3384

P. O. Address St. Louis

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.