

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

6423

**1. PLACE OF DEATH**

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City St. Louis (No. City Hospital)

File No. ....

Registered No. 1329

St. .... Ward)

**2. FULL NAME**

(a) Residence. No. 635 S. Broadway 21 Ward.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**2. SEX**

male

**4. COLOR OR RACE**

White

**5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)**

widowed

**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF**

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)**

Sept 17 1855

**7. AGE**

YEARS	MONTHS	DAYS	IF LESS than 1 day, ____ hrs. or ____ min.
<u>72</u>	<u>4</u>	<u>7</u>	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work

Labor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY)

Illinois

PARENTS

**10. NAME OF FATHER**

Paul Delaney

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Pennsylvania

**12. MAIDEN NAME OF MOTHER**

Emma Peterson

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Illinois

**14.**

INFORMANT  
(Address)

Cherrie  
City Hospital

**15.**

FILED 5 1029  
19 1928

Wm. Starkey  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** Feb 1 1928

**17. I HEREBY CERTIFY** That I attended deceased from Jan 28, 1928 to Feb 1, 1928

and that I last saw him alive on Feb 1, 1928 and that death occurred, on the date stated above, at 10 A.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Chronic myocarditis

**CONTRIBUTORY (SECONDARY)**

95  
90 B

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH..... DATE OF.....

WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed) Henry C. Westerman, M.D.  
1928 (Address) City Hospital

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL**

**DATE OF BURIAL**

New St. Marcus

Feb 6 1928

**20. UNDERTAKER**

**ADDRESS**

W. Hoffmeyer & Co. 78145 Baur

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Dulany.