

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

Do not use this space.

26441

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1008**
City **St. Louis** (No. **3015 Walton Place**)..... St. Ward)

File No.
Registered No. **7697**.....
St. Ward)

2. FULL NAME **Patrick Delaney,**
(a) Residence. No. **3015 Walton Place.** St. **6** Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 23, 1929		
7. AGE	YEARS	MONTHS
	—	—
		DAYS
		—
		IF LESS than 1 day, 5 hrs. or 30 min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **child**
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) **St. Louis**
(STATE OR COUNTRY) **Missouri**

10. NAME OF FATHER **M. M. Delaney**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) **Ireland**
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER **Lois Mattix**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **Indiana.**
(STATE OR COUNTRY)

14. INFORMANT **M. M. Delaney**
(Address) **3015 Walton Pl**

15. FILED **25 1929** **May C. Stancil**
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **July 23 1929**
17. I HEREBY CERTIFY, That I attended deceased from **7/23**
1929, to **7/23** **1929,**
that I last saw him alive on **7/23** **1929,** and that death occurred, on the date stated above, at **4:00** p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Interna Strava
1610 (newborn)
(duration) yrs. mos. ds. **4 hr.**

CONTRIBUTORY (SECONDARY)

16
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTACTED

IF NOT AT PLACE OF DEATH

6 DID AN OPERATION PRECEDE DEATH? **no** DATE OF

WAS THERE AN AUTOPSY? **no**

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) **W. H. Riley**, M. D.

7/24, 1929 (Address) **4660 Maryland**

*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**

Valhalla Cem **July 24 1929**
20. UNDERTAKER **ADDRESS**
Head Pleitsch **5966**
Boston

WRITE PAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—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.

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