WRITE PLAINLY, 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.

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

Do not use this space.

36384

File No.

Registered No. 10921

1. PLACE OF DEATH

County

Township

City St. Louis, Missouri (No. City Hospital #1 St. Ward)

Registration District No.

Primary Registration District No.

2. FULL NAME Gertrude Delaney

(a) Residence, No. 1421 Hogan Street St., 21 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 21, 1852

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	79	7	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

FATHER

13. NAME John Linenkukel

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Thomas Delaney (ADDRESS) 5414 Rhodes Avenue

18. BURIAL, CREMATION, OR REMOVAL PLACE SS. Peter & Paul DATE Oct. 30, 1931

19. UNDERTAKER Weick Brothers (ADDRESS) 2201 S. Grand Boulevard

20. FILED OCT 29 1931 Dean C. Tankler Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 27, 1931

22. No Physician in attendance I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 8:25 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1A Chronic Myocarditis	
1B Chronic Endocarditis	

Other contributory causes of importance:

12A

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. W. Kemal, M.D.

(Address) Deputy Coroner