

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

Do not use this space.

37247

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City St. Louis (No. Mo. BAPTIST HOSP.) St. (Ward)

File No. 9870
Registered No.
St. (Ward)

2. FULL NAME

ESTHER CATHERINE DELANY
(a) Residence, No. 4384 MARYLAND St., 19 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 FEMALE 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) DEC 3 1901

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	30	11	3	

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

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

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) Mo.

13. NAME GEO. W. DELANY

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

15. MAIDEN NAME EUGENIE T. LAVERGURE

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

17. INFORMANT Mrs Eugenie Delany
(ADDRESS) 4384 Maryland

18. BURIAL, CREMATION, OR REMOVAL PLACE SALVARY CEM DATE Nov 9 1932

19. UNDERTAKER MULLEN UND. Co.
(ADDRESS) 515 DELMAR BLVD.

20. FILED NOV - 8 1932 Max C. Starker Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 6 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 31 1932 to Nov 6 1932

I last saw him alive on NOV 6 1932 Death is said to have occurred on the date stated above, at 8:30 A.M.

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

Cerebral hemorrhage, left
827
102
Other contributory causes of importance: Arterial hypertension, essential

Date of onset
Oct 31 1932

Name of operation None 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? No
If so, specify Poland Shepper

(Signed) 4500 Olive, M. D.
(Address) St. Louis

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.

