

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

Do not use this space.

41585

1. PLACE OF DEATH

County St. Louis Registration District No. 1170
 Township Richmond Primary Registration District No. 248
 City Richmond No. St. Marys Hosp. St. _____ Ward _____

File No. _____
 Registered No. 248

2. FULL NAME

Ferdinand James Delany
 (a) Residence, No. 6431 Alamo St. _____ Ward _____
 (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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Gertrude E. Delany

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 15 1893

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
39 2 16

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer 221
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bell Tel. Co.
 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 1

FATHER 13. NAME George W. Delany

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill 2

MOTHER 15. MAIDEN NAME Eugenie F. Loverdue

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France 3

17. INFORMANT (ADDRESS) Mrs Gertrude E. Delany
6431 Alamo

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE Dec 3 1932

19. UNDERTAKER (ADDRESS) Muller and Co.
5165 Delmar Blvd.

20. FILED Dec 2, 1932 Robt J. Ambruster
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 1, 1932

22. HEREBY CERTIFY, That I attended deceased from Nov 21 1932 to Dec 1, 1932
 I last saw him alive on Dec 1, 1932. Death is said

to have occurred on the date stated above, at 3:53 A.M.
 The principal cause of death and related causes of importance were as follows:

Peritonitis, general abdominal
1218
129 1211
 Date of onset Nov 20 1932

Other contributory causes of importance:
Peri-caecal abscess 1
etiology unknown

Name of operation Incision - drainage Date of 10/28
 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 _____
 (Signed) Poland Stieffer, M. D.
 (Address) 450 Olive

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.

Mrs. J. J. Johnson
1571 Baltimore