

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

Do not use this space.

24419

1. PLACE OF DEATH
 96 County St. Louis Registration District No. 1170
 7 Township _____ Primary Registration District No. 624824
 7 City Richmond Heights (No. St. Mary's Hospital) St. _____ Ward _____
 2. FULL NAME Frank X Delany
 (a) Residence, No. 5100 N Kingshighway St. 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 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 29, 1888
 7. AGE YEARS 47 MONTHS 11 DAY 4 If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Buyer
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shepley H. 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) St. Louis
 MOTHER 13. NAME William Delany
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland
 15. MAIDEN NAME Louise M. Bartlett
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois
 17. INFORMANT Robert E. Delany
 (ADDRESS) 5100 N Kingshighway
 18. BURIAL, CREMATION, OR REMOVAL PLACE Cathary DATE July 6, 1923
 19. UNDERTAKER Arthur J. Henderson
 (ADDRESS) 3840 Benton Ave
 20. FILED _____ 19 _____ Registrar _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/3, 1923
 22. I HEREBY CERTIFY, That I attended deceased from 6/30, 1923, to 7/3, 1923
 I last saw him alive on 7/31, 1923 Death is said to have occurred on the date stated above, at 3:15 P.M.
 The principal cause of death and related causes of importance were as follows:
Apoplexy -
950
950
 Other contributory causes of importance: Cardiac General Disease
 Name of operation None Date of _____
 What test confirmed diagnosis Typical findings Was there an autopsy? No
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? None 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 None
 Nature of injury None
 24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) Frederic J. Peilly, M. D.
 (Address) 6125 Benton Ave

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.

AUG 20 1923

180

1

25

25

19

Dr P. J. ...
6125 ...
10-11