

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

Do not use this space.

APR 25 1934

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City St. Louis (No. 1227, W Taylor Ave)

11007
File No. **2866**
Registered No.
St. Ward)

2. FULL NAME

(a) Residence, No. 1227 W Taylor Ave St. 12 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) Widowed
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July-21-1852
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
81 8 0

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

13. NAME Richard Delaney

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

15. MAIDEN NAME Hanora Carroll

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

17. INFORMANT Mary Delaney
(ADDRESS) 1227 W Taylor Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cemetery DATE March-23-1934

19. UNDERTAKER Cullinan Bros.
(ADDRESS) 1710 N. Grand Blvd

20. FILED 22 19 J. P. Bredbeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 21st 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 13th 1934 to Nov. 21st 1934
I last saw him alive on Nov. 20th 1934 Death is said to have occurred on the date stated above, at 2 A. M.

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

Bronchial Pneumonia Date of onset 107A
107A
Other contributory causes of importance: advancing years

Name of operation _____ Date of _____
What test confirmed diagnosis? Physic Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? X 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) E. B. Kinder, M. D.
(Address) 1425 W. Taylor Ave
(Kinder)

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.

