MAR 5 - 1937

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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 8685

Township ..... Primary Registration District No. 1003 Registered No. 2146

City St. Louis, Mo. (No. ....., City Sanitarium St. ..... Ward)

2. FULL NAME Charles DeLargy,

(a) Residence, No. 6401 Manchester St., 4 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 12 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): Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mary DeLargy

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): About 1869

7. AGE: Years About-70 | Months | Days | If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Carpenter 29
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Unknown 21
10. Date deceased last worked at this occupation (month and year): Unknown
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Unknown 31

FATHER

13. NAME: James DeLargy 31
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Unknown 31

MOTHER

15. MAIDEN NAME: Margaret McKeaver
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Unknown

17. INFORMANT (ADDRESS): T.C. Campbell, M.D. 5400 Arsenal St

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cem. DATE 2/22/37 19

19. UNDERTAKER (ADDRESS): Croghan Mid. Co. Inc 7146 Manchester Ave.

20. FILED FEB 21 1937 J F Bredeck Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from 1-1-36, 19..., to Feb 18, 1937

I last saw him alive on 2/18, 1937. Death is said to have occurred on the date stated above, at 11:55 A.M.

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

| | Date of onset |
|---|---|
| Arteriosclerosis | 1-1-36x |
| Benign Prostatic | |
| Hypertrophy | 10-1-36x |

Other contributory causes of importance:

| | |
|---|---|
| Senile Dementia | 1-1-36x |

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

What test confirmed diagnosis? ..... Was there an autopsy? Yes

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) T C Campbell, M. D.

(Address) 5400 Arsenal St

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.

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