

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.

JUL 8 - 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**
Township..... Primary Registration District No. **1003**
City **St. Louis, Mo.** (No. **Alexian Bros. Hospital**) St. _____ Ward _____

22072

File No. _____
Registered No. **5824**

2. FULL NAME

Rev. James B. Delaney
(a) Residence, No. **416 So 13th St.** St. **N.R.** **Terre Haute Ind.**
(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) **April 1st, 1876**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
14 61 2 12

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Catholic Priest**

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) **Indianapolis, Indiana**

13. NAME **Peter Delaney**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

15. MAIDEN NAME **Unknown**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

17. INFORMANT **Thomas F. Callahan** (ADDRESS) **Terre Haute, Indiana**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Terre Haute, Ind.** DATE **June 15th 1937**

19. UNDERTAKER **Albert H. Hoppe** (ADDRESS) **429 N. Euclid Avenue**

20. FILE **JUN 14 1937** **J. Bredeck** Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **6-13 1937**

22. I HEREBY CERTIFY, That I attended deceased from **6-7 1937**, to **6-13 1937**

I last saw him alive on **6-12 1937** Death is said

to have occurred on the date stated above, at **1:25 A.M.**

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

Cerebral Hemiplegia Date of onset **6-12-37**
Hemorrhage of internal capsule caused by Hypertension

Other contributory causes of importance:
Cerebral Edema
Hypertension

Name of operation _____ 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? **Yes**

If so, specify _____

(Signed) **Edmund Sassin** M. D.

(Address) **505 Humboldt Bldg.**

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