

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

17214
Do not use this space.

DEC 9 JUN 9 1938

1. PLACE OF DEATH

(a) County Backson Registration District No. 399
 (b) Township St. Mary Primary Registration District No. 1007 Registered No. 1911
 (c) City St. L. (d) Street No. General Hospital St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 1206 East 14 St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

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 Fay De Lucia
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June-6-1901
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
36 11 0
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Auto Repairer
 9. Industry or business in which work was done, as 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) Kansas City, Mo.

FATHER 13. NAME John B. De Luca

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. L.

MOTHER 15. MAIDEN NAME Lula Mag Thorp

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) U.S.A.

17. INFORMANT (ADDRESS) Mrs Fay De Lucia
1206 East 14

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Mary's DATE May 9, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) A. P. Doehler
1415 East 15

20. FILED May 7, 1938 M. M. Brown
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May-6-1938

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
 I last saw h. Deft _____, 19____. Death is said to have occurred on the date stated above, at 2:10 p. m.
 The principal cause of death and related causes of importance were as follows:

1220 hours of it arrived at chest
Acute and mixed stenosis
Pulmonary congestion & edema
 Other contributory causes of importance:
Terminal bronchopneumonia

Date of onset
181
35

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 Accident Date of injury 4-25-1938
 Where did injury occur? St. L.
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Accident
 Nature of injury his car caught fire

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify _____
 (Signed) Walter J. Brown, M. D.
 (Address) St. L.

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.

Not an auto accident. Deceased working on
his car when gas tank ignited.
M.M.C.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No., working under my personal supervision.

Signed

Licensed Embalmer No.

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.