

REC'D MAR 13 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH791
1008

4394

Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 1
 (b) Township St. Louis Primary Registration District No. 5390 Pershing Registered No. 1087
 (c) City St. Louis (d) Street No. 5390 Pershing 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. 5390 Pershing St. 7 (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. COLOR OR RACE Wh 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) June 25 - 1900

7. AGE YEARS 36 MONTHS 7 DAYS 16 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Private Secretary
 9. Industry or business in which work was done, as saw mill, bank, etc. Mo. Pacific R.R.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) St. Louis
 (STATE OR COUNTRY) Missouri

FATHER 13. NAME John M. Deliff

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

MOTHER 15. MAIDEN NAME Josephine Casey

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

17. INFORMANT (NAME) Mrs. Josephine M. Deliff
 (ADDRESS) 5390 Pershing

18. BURIAL, CREMATION, OR REMOVAL PLACE Cemetery FEB 3 1939

19. FUNERAL DIRECTOR (NAME) Chas. B. Stuart
 (ADDRESS) 1225 Union Blvd.

20. FILED J. D. Budak
 Local Registrar.

FEB 2 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 31, 193922. I HEREBY CERTIFY That I attended deceased from June 25, 1938 to Jan 31, 1939

As last seen alive on Jan 29, 1939 Death is said to have occurred on the date stated above, at 6 P.M.

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

Congestive Heart Failure 95 6/20/38
Arteriosclerosis & Rh. Heart Disease

Other contributory causes of importance:

Arteriosclerosis, caused by circulatory failure
Hypertension & Rh. Heart Disease

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

What test confirmed diagnosis? Phys. Exam 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? No

If so, specify

(Signed) J. D. Budak M. D.(Address) 401 Humboldt Bldg

THE STATE OF CALIFORNIA
DEPARTMENT OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

NO. 10-10-10-10

DATE OF DEATH

PLACE HERE THE NAME OF THE DECEASED AS APPEARING ON THE DEATH CERTIFICATE

PLACE HERE THE NAME OF THE EMBALMER AS APPEARING ON THE DEATH CERTIFICATE

PLACE HERE THE NAME OF THE REGISTERED APPRENTICE AS APPEARING ON THE DEATH CERTIFICATE

PLACE HERE THE NAME OF THE REGISTERED APPRENTICE AS APPEARING ON THE DEATH CERTIFICATE

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,

BERNARD H. STUART

or by

Registered Apprentice, No. _____, working under my personal supervision.

Signed: *Bernard H. Stuart*

Licensed Embalmer No. *3500*

P. O. Address *1225 Union*

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.