JUN 30 1939

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

23327
Do not use this space.

96

1. PLACE OF DEATH

(a) County St. Louis — Registration District No. 784

(b) Township Carondelet — Primary Registration District No. 200 — Registered No. 1160

or

(c) City ~~Jefferson Barracks~~, (d) Street No. Station 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 450 Edward Eugene Delaney

(a) Residence, No. 8113 South Braodway, St. [ ]
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	white	single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 27, 1939

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, 16 hrs. or 15 min.
-	-	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as saw mill, bank, etc. none

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) Jefferson Barracks, Missouri. 0

FATHER

13. NAME Edward Delaney

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Summerset, Kentucky. 1

MOTHER

15. MAIDEN NAME Cornelia M. Voss

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brazil, South America

17. INFORMANT Edward Delaney (father)
(ADDRESS) 8113 S. Broadway, St. Louis, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE NATIONAL CEMETERY DATE JUNE 30, 1939

19. FUNERAL DIRECTOR (NAME) C. Hoffmeister U & L.Co.
(ADDRESS) 7814 S. Broadway, St. Louis, Mo.

20. FILED JUN 30 1939 [signature] Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-29, 1939

22. I HEREBY CERTIFY, That I attended deceased from June 27, 1939, to June 29, 1939

I last saw him alive on June 29, 1939 Death is said to have occurred on the date stated above, at 10:05AM

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

	Date of onset
Hemorrhage, intracranial, cause undetermined.	6/27/39

160 lbs

Other contributory causes of importance: none

Name of operation none Date of —

What test confirmed diagnosis? Clinical 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) L. F. Hubener, 1st Lt. MC. USA M. D.

(Address) Jefferson Barracks, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

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 comp with the above constitutes grounds for revocation of license.)

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