DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34520

Registration District No. 791 Primary Registration District No. Registrar's No. 9058

1. PLACE OF DEATH: 1003 REC'D NOV 13 1939

(a) County St. Louis

(b) City or town (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3814 Laclede Ave. 7

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri 1 (b) County

(c) City or town St. Louis 18

(If outside city or town limits, write "RURAL")

(d) Street No. 3814 Laclede Ave.

(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Kate G. Delaney 450

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife John Delaney

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Feb. (Month) 26 (Day) 1877 (Year)

8. AGE: Years 62 Months 7 Days 26 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation At Home 5

11. Industry or business 5

FATHER
12. Name Patrick Burke
13. Birthplace (City, town, or county) Ireland (State or foreign country)

MOTHER
14. Maiden name Anna Griffin
15. Birthplace (City, town or county) Ireland (State or foreign country)

16. (a) Informant's own signature Sally Shewrew

(b) Address 3814 Laclede ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10- 25-39 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Cullinane Bros.

(b) Address 1710 N. Grand Ave.

19. (a) OCT 24 1939 (Date received local registrar) (b) J. F. Budak (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 22 year 1939 hour 1 minute 45 P M.

21. I hereby certify that I attended the deceased from October 1 — 1934 to October 22, 1939 that I last saw her alive on 10/22/39, 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma Breast rt

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings: Of operations: Adeno Carcinoma of right Breast & Metas

Of autopsy

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature Bruce T. Martin (M. D. or other) 1

Address 411 Blairmont Bldg Date signed 10/23/39

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

Rev. 5-17-39 1 X19511

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 Fred Frick

Licensed Embalmer No. 3186

P. O. Address St. Louis Mo.

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.