

DEC 13 1939

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

37922  
Do not use this space.  
9761

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 1  
 (b) Township \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registered No. \_\_\_\_\_  
 (c) City ST LOUIS (d) Street No. DE PAUL 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

Genevieve Dellamano  
 (a) Residence, No. 1447 N 43 St. NR EAST ST LOUIS ILL  
 (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 FEMALE 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 BEN H. DELLAMANO

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) NOV. 20 1902  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
36 11 25

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. AT HOME  
 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) EAST ST. LOUIS ILL

FATHER 13. NAME JOHN T. HAGGERTY

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) EAST ST. LOUIS ILL

MOTHER 15. MAIDEN NAME CATHERINE FOGERTY

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) EAST ST LOUIS ILL

17. INFORMANT (ADDRESS) Chas. Burke EAST ST LOUIS ILL.

18. BURIAL, CREMATION, OR REMOVAL PLACE EAST ST. LOUIS ILL DATE NOV 16 1939

19. FUNERAL DIRECTOR (ADDRESS) Chas. Burke East St Louis Ill

20. FILE NO. NOV 16 1939 J. F. Brudack

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 15 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug 1 1939 to Nov 15 1939  
 I last saw him alive on Nov 15 1939. Death is said to have occurred on the date stated above, at 5:10 P  
 The principal cause of death and related causes of importance were as follows:

Coronary block  
49  
 Date of onset Nov 15 39

Other contributory causes of importance: Miss nephros left ovary malignant Aug 39

Name of operation Ovariectomy Date of Oct 1/39  
 What test confirmed diagnosis? Issue Was there an autopsy? Yes

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) R. Thomas Kane, M. D.  
 (Address) 1117 N Grand Blvd

WRITE PLAINLY, WITH UNFADING INK--THIS IS 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.

STATEMENT BY LICENSED EMBALMER

I, Chas. M. Burke, Licensed Embalmer No. 2421

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

Chas. M. Burke L. E. 2421

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed

*Chas. M. Burke*

Licensed Embalmer No. 2421

**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.)**