

OCT 10 1940 784
Registration District No.

Primary Registration District No. 107

State File No.

Registrar's No. 1805

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town City of Ladue
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
750 Kent Road
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 20
(Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 5336 Cote Brillant Avenue
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME James J. DeLargy, Sr.

3. (b) If veteran, name war No 3. (c) Social Security No 493-05-4114

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Ellen DeLargy 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased December 17, 1875
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>64</u>	<u>9</u>	<u>5</u>	_____ hr. _____ min.

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

10. Usual occupation Excavation Inspector

11. Industry or business City of St. Louis (1)

12. Name John DeLargy

13. Birthplace Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Emily Vassier

15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. J. S. Dowling

(b) Address 750 Kent Road

17. (a) Burial (b) Date thereof Sept. 25, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Chas. F. Stuart

(b) Address 1225 Union Blvd.

19. (a) SEP 24 1940 (b) R. Meyer
(Date received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month September day 22
year 1940 hour 8:30 minute _____ P. _____ M.

21. I hereby certify that I attended the deceased from May 6
_____, 1940, to Sept. 22, 1940,
that I last saw him alive on Sept. 22, 1940,
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
with Hemiplegia of
entire left side of body
Due to Hypertension Duration 3 days
1 year

Due to 8-20-1

Other conditions (Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____

PHYSICIAN
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? 7-11 Home
(Specify type of place)

(e) Means of injury _____

23. Signature Fred Kramer (M. D. or other) 1

Address 634 N Grand Ave Date signed 9-23-40

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

MOTHER FATHER

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.....

Gay W. Wilkinson

Licensed Embalmer No. *3575*

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, fact should be so stated above.