

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:
(a) County ST. LOUIS
(b) City or town ST. LOUIS
(c) Name of hospital or institution: 770 N. EUCLID
(d) Length of stay: In hospital or institution
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State MO. (b) County 17
(c) City or town ST. LOUIS
(d) Street No. 770 N. EUCLID
(e) Citizen of foreign country? NO

3. (a) PRINT FULL NAME LEONA DELANEY
3. (b) If veteran, name war NO
3. (c) Social Security No. NO

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month OCTOBER day 12 year 1943 hour 9 minute 55A M.

4. Sex F 5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife GEO. DELANEY
6. (c) Age of husband or wife if alive 76 years
7. Birth date of deceased MARCH 17 1878

21. I hereby certify that I attended the deceased from June 15th 1943 to Oct 12th 1943 that I last saw her alive on Oct 11th 1943 and that death occurred on the date and hour stated above.
Immediate cause of death: Peritonitis of Cecum 2 yrs

8. AGE: Years 65 Months 6 Days 25
9. Birthplace GOREVILLE ILLINOIS

Due to
Due to
Other conditions
Major findings: Of operations
Of autopsy

10. Usual occupation HOUSEWIFE
11. Industry or business AT HOME
12. Name COLUMBUS PARRISH
13. Birthplace UNKNOWN 9
14. Maiden name UNKNOWN
15. Birthplace UNKNOWN 9

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

16. (a) Informant Thayne Kelley
(b) Address 84422 S. Spring
17. (a) Burial, cremation, or removal Removal (b) Date thereof Oct 12 1943
(c) Place: burial or cremation Benton Illinois
18. (a) Signature of funeral director F. J. Cook
(b) Address 113 Mulkeyton Illinois
19. (a) Date received local registrar 10/13 1943 (b) Registrar's signature J. F. Brudeck

23. Signature of physician Grace B. Kane (M. D. or other)
Address 706 Walton Date signed 10/12/43

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

MOTHER FATHER

PHYSICIAN
Underline the cause to which death should be charged statistically.

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..... *William J. Hiram*

Licensed Embalmer No. *4319*

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, fact should be so stated above.