

FILED NOV 1 1944
818
Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: En Route to City Hospital #1 3
(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)

3. (c) PRINT FULL NAME

Edward J. Delaney

3. (b) If veteran, name war _____ No. 487-07-7312
3. (c) Social Security _____

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Meta Delaney 6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased June 22 1883
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
61 2 27 hr. _____ min.

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

10. Usual occupation Maintenance Man

11. Industry or business Anheuser-Busch Inc.

12. Name Unknown

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

14. Maiden name Helen McDaniel

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

16. (a) Informant Meta Delaney

(b) Address 4258 Blair Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-23-1944 (Month) (Day) (Year)

(c) Place: burial or cremation St. Matthew's Cemetery

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

(b) Address 6408 Gravois Ave

19. (a) OCT 21 1944 (Date received local registrar) (b) J. F. Bredsch (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 99
(If outside city or town limits, write "RURAL")
(d) Street No. 4258 Blair Ave (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 19th day October
year 1944 hour 9 minute 30 A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death Fracture Skull Duration _____

Internal hemorrhage from laceration of 3, 4 & 5 intercostal

Due to arteries of side, when he fell from a ladder to the concrete

Due to glass while at work at Anheuser-Busch Bldg # 91, leased by Southern Bldg Prod Co.

Other conditions _____ (Include pregnancy within 3 months of death)

around 9:AM Oct 19, 1944

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) Accident 000

(b) Date of occurrence October 19th 1944

(c) Where did injury occur? St. Louis Missouri (City or town) (County) (State)

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

While at work? YES (Specify type of place) (e) Means of injury Fall

23. Signature Thomas J. Callahan (Physician or other)

Address Deputy Coroner Date signed 10-23-44

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

19
00
17
9

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..... *Horner W. Dutz*

Licensed Embalmer No. *3882*

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.