

FILED SEP 14 1945 STANDARD CERTIFICATE OF DEATH

11 State File No. _____
Registrar's No. 7863

Registration District No. 318

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4932 Farlin Ave. /
(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 (b) County 060
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 4932 Farlin Ave. 9
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mamie C. Delaney

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

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

6. (b) Name of husband or wife William P. Delaney 6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased June 2 1890
(Month) (Day) (Year)

8. AGE: Years 55 Months 3 Days 4 If less than one day
hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name August Du Ruz

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

14. Maiden name Bridget O'Malley

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

16. (a) Informant William P. Delaney
(b) Address 4932 Farlin Ave.

17. (a) Burial (b) Date thereof 9/10/45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Stroot-Carroll
(b) Address 4600 Natural Bridge Ave.

19. (a) SEP 7 1945 (b) J. J. [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 6
year 1945 hour 3 minute P M.

21. I hereby certify that I attended the deceased from August 15 41 1941 to September 6 45
that I last saw h. _____ alive on September 4 19.45
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 1 day
Due to Hypertension 4 yrs.

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

Major findings: Of operations 8301 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?

While at work _____ (Specify type of place) (e) Means of injury 0
23. Signature [Signature] M. D. [Signature]
Address 508 N. Grand Date signed 9/7/45

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

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 *John Agnoski*
Licensed Embalmer No. *3398*

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.