

FILED DEC 24 1946
318

State File No. _____

Registration District No. _____

Primary Registration District No. _____

Registrar's No. 10628

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:
Alexian Bros. Hosp.
(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 _____
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 4247 Obear Ave.
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Robert L. DeLea

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

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

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

7. Birth date of deceased Aug. 18. 1881
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	65	3	22	hr. _____ min.

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

10. Usual occupation Switchboard Operator

11. Industry or business St. Louis Police Dept.

12. Name James F. DeLea

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

14. Maiden name Anna Pfund
 15. Birthplace Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Helena DeLea Keiflein
 (b) Address 0321 Ardmore, Chicago, Ill

17. (a) Burial (b) Date thereof: 12/13/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director _____

(b) Address 2117 E. Grand Ave.

19. (a) DEC 11 1946 (b) J. F. Bredeck
(Date received local registrar's) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. 10
 year 1946 hour _____ minute _____ A M.

21. I hereby certify that I attended the deceased from 12/15 1945, to 12/9 1946
 that I last saw him alive on 12/9/46 19____
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis 2da
 Due to Chronic Myocarditis 3 ya

Due to _____
 Other conditions none
(Include pregnancy within 3 months of death)

Major findings:
 Of operations no
 Of autopsy no

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?
0 (Specify type of place)
 While at work? _____ (e) Means of injury _____

23. Signature Chas. M. Bauman (M. D. certifier)
 Address Chemical Bldg. Date signed 12/10/46

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

msd

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.....

.....
working under my personal supervision.

Registered Apprentice No.

Signed *Frank A. Moore*

Licensed Embalmer No. *13041*

P. O. Address. *2117 E. 1st*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.