

No. 2
-12-45
-5-17-39
I X47070

FILED JAN 27 1947 318

Registration District No. _____ Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County Missouri

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Homer G. Phillips
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 25 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 020

(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 2/17

(d) Street No. 3438 Franklin Ave.
(If rural, give location) 9

(e) Citizen of foreign country? _____ (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME Richard Delk

3. (b) If veteran, name war World War I

3. (c) Social Security No. _____

4. Sex Male 2/ 5. Color or race Col.

6. (a) Single, ~~widowed~~, ~~married~~, ~~divorced~~, ~~married~~

6. (b) Name of husband or wife Rosetta Delk

6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased June 30, 1899
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 13
year 1949 hour 12 minute 15 M.

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

that I last saw h. _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

47 6 13 hr. min.

Immediate cause of death Internal and external hemorrhage from gunshot wound of back of head inflicted by the back of one William C. Kelly (Col) while home 3824 Jimmy Ave. around 12:15 P.M. Jan. 12 1947

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

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

10. Usual occupation Waiter

11. Industry or business Railroad Co.

12. Name Cornelius Delk

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

14. Maiden name Charlotte Lucas

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

16. Informant Charlotte Delk
Address Claireton, Penn.

17. (a) Burial. (b) Date thereof 1-16-47
(Burial, cremation, or removal) (Month) (Day) (Year)

Place: burial or cremation Washington Park

18. (a) Signature of funeral director Allen Hales
(b) Address 3506 Franklin Ave.

19. (a) JAN 15 1947 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: Of operations H/O

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Homicide

(b) Date of occurrence Jan 12 1947

(c) Where did injury occur? at home
(City or town) (County) (State)

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

While at work _____ (a) Means of injury Gun

23. Signature Alfred Perry (M. D. or other) 3
Address Deputy Colonel Date signed 1/15/47

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

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18

JUN 24 1948

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 *James A. Hugson*

Licensed Embalmer No. *3522*

P. O. Address *3506 Franklin*

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.

STATE OF MISSOURI)
CITY OF ST. LOUIS) SS.

NO FEE
ENCLOSED

JUL 7 1948

Jan 13

463

2400

AFFIDAVIT TO CORRECT DEATH RECORD OF
RICHARD DELK

Charlotte Delk, first being duly sworn upon her oath states that she is the mother of Richard Delk, deceased. That her said son died on the 13th day of January, 1947 at the City of St. Louis, State of Missouri. That the records of the Bureau of Vital Statistics of the City of St. Louis, Missouri incorrectly show the marital status of the deceased. That Charlotte Delk, affiant, did not state that her said son, Richard Delk, deceased, was married. That the said Richard Delk was not married at the time of his death but was a single person. That "Rosetta Delk" as stated in the death record was not the wife of the said Richard Delk.

Charlotte Delk
Affiant

Subscribed and sworn to before me this 24th day of May, 1948.

George W. Martin
Notary Public

GEORGE W. MARTIN, Notary Public
MY COMMISSION EXPIRES
JANUARY 7, 1951

2400