

FILED FEB 14 1949

STANDARD CERTIFICATE OF DEATH

State File No. **3556**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **6076** Registrar's No. **48**

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

<b>1. PLACE OF DEATH</b> a. COUNTY <b>St. Louis</b> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Jefferson Barracks</b> c. LENGTH OF STAY (in this place) <b>15 days</b> d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Veterans Admin. Hospital</b>			<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission) a. STATE <b>Illinois</b> b. COUNTY <b>Macoupin</b> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Gillespie</b> d. STREET ADDRESS (If rural, give location) <b>113 Park Avenue</b>		
<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <b>George</b> b. (Middle) <b>W.</b> c. (Last) <b>DELANEY</b>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>January 7 1949</b>			
<b>5. SEX</b> <b>Male</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Married</b>	<b>8. DATE OF BIRTH</b> <b>Jan. 31, 1877</b>		
<b>9. AGE</b> (In years last birthday) <b>71</b>		IF UNDER 1 YEAR <b>11</b>	IF UNDER 1 DAY <b>6</b>	IF UNDER 1 HRS. <b>0</b>	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Barber</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>-</b>		<b>11. BIRTHPLACE</b> (State or foreign country) <b>Green County, Ill.</b>	
<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.</b>			<b>13a. FATHER'S NAME</b> <b>Robert Delaney</b>		
<b>13b. MOTHER'S MAIDEN NAME</b> <b>Helen (Unknown)</b>		<b>14. NAME OF HUSBAND OR WIFE</b> <b>Hattie Delaney</b>			
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes Span. Am.</b>		<b>16. SOCIAL SECURITY NO.</b> <b>None</b>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Registrar, Vet. Adm. Hosp., Jeff. Barracks, Mo.</b>	
<b>17. ADDRESS</b> <b>Registrar, Vet. Adm. Hosp., Jeff. Barracks, Mo.</b>		<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.			
<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Cerebral Hemorrhage</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b>			
<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>-</b> DUE TO (c) <b>-</b>		<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <b>Senility</b>			
<b>19a. DATE OF OPERATION</b> <b>1-6-1949</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b> <b>Transurethral Resection of Prostate</b>		<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>	
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) <b>No</b>		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>-</b>		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <b>-</b>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) <b>-</b>		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b> <b>-</b>	
<b>22. I hereby certify that I attended the deceased from Dec. 23, 1948, to January 7, 1949, that I last saw the deceased alive on Jan. 7, 1949 and that death occurred at 9:15 p.m., from the causes and on the date stated above.</b>					
<b>23a. SIGNATURE</b> (Degree or title) <b>E. C. O'BRIEN, M. D.</b>			<b>23b. ADDRESS</b> <b>Vet. adm. Hosp., Jefferson Bks., Mo.</b>		
<b>23c. DATE SIGNED</b> <b>1-8-49</b>			<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Removal</b>		
<b>24b. DATE</b> <b>1/8/49</b>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Gillespie, Illinois</b>		<b>24d. LOCATION</b> (City, town, or county) (State) <b>Illinois</b>	
<b>DATE REC'D BY LOCAL REG.</b> <b>1-8-49</b>		<b>REGISTRAR'S SIGNATURE</b> <b>Albert H. Hoppe</b>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>Albert H. Hoppe - 4700 Washington</b>	

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Robert M Murray*

Licensed Embalmer No. *3749*

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.