

FILED APR 10 1950

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. 10340  
 Registrar's No. 3077

BIRTH NO.		REG. DIST. NO. 318	PRIMARY REG. DIST. 1003	Registrar's No. 3077
1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)		
b. CITY OR TOWN St Louis		a. STATE Mo.		
c. LENGTH OF STAY (in this place)		b. COUNTY		
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Johns Hosp.		c. CITY OR TOWN St Louis		
		d. STREET ADDRESS 19 4384 Maryland		
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH		(Year)
a. (First) HENRY		b. (Middle) F.		c. (Last) DELANY
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE
8. DATE OF BIRTH OCT. 9 - 1896		9. AGE (In years last birthday) 53		10. UNDER 1 YEAR Months
11. BIRTHPLACE (State or foreign country) Mo		12. CITIZEN OF WHAT COUNTRY? D		13. UNDER 1 YEAR Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SHIPPING CLERK		10b. KIND OF BUSINESS OR INDUSTRY LIGGETTS-MEYERS		14. UNDER 1 YEAR Hours
13a. FATHER'S NAME GEORGE W. DELANY		13b. MOTHER'S MAIDEN NAME EUGENIA LAVERDURE		14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NONE		16. SOCIAL SECURITY NO. 497-05-8210		17. INFORMANT'S SIGNATURE OR NAME Miss Gene Delany - 4384 Maryland Ave
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>General Carcinomatosis</u> Antecedent Causes <u>Primary site unknown</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 3 mos
19a. DATE OF OPERATION 3/25/50		19b. MAJOR FINDINGS OF OPERATION Biopsy cerv. gland - Adeno-carcinoma		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE No		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 1998
21d. TIME OF INJURY None		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR
22. I hereby certify that I attended the deceased from Jan 15, 1950, to 3-30, 1950, that I last saw the deceased alive on 3-30, 1950, and that death occurred at 10:25 P. M., from the causes and on the date stated above.				
23a. SIGNATURE John J. Hammond M.D.		23b. ADDRESS 634 N. Grand		23c. DATE SIGNED 4/1/50
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 4/3/50		24c. NAME OF CEMETERY OR CREMATORY CALVARY CEM.
24d. LOCATION (City, town, or county) (State) St Louis Mo.		25. FUNERAL DIRECTOR'S SIGNATURE J. Muller 5765 Belmont Blvd.		
DATE REC'D BY LOCAL APR 2 1950		REGISTRAR'S SIGNATURE J.B. Kasater		

(Licensed Embalmer's Statement on Reverse Side)

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

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**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 H. G. Farris

Licensed Embalmer No. 3384

P. O. Address Lawrence

**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.