

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22321

FILED JUN 21 1950

BIRTH NO.		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>6576</u>		Registrar's No. <u>1489</u>	
1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u> <u>5534 Hodiamont Ave.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>ST. LOUIS</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jennings, Mo.</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jennings, Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>5634 Hodiamont Ave.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5634 Hodiamont Ave.</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>June 14, 1950</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Richard</u>		b. (Middle) <u>J.</u>		c. (Last) <u>DeLaney</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>February 18, 1903</u>	
9. AGE (In years last birthday) <u>47</u>		10. KIND OF BUSINESS OR INDUSTRY <u>Koochook Co., Inc.</u>		11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Sales Clerk</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Koochook Co., Inc.</u>		11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Richard J. DeLaney Sr.</u>		13b. MOTHER'S MAIDEN NAME <u>Mabel Summers</u>		14. NAME OF HUSBAND OR WIFE <u>Clara DeLaney</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>494-10-0026</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Clara DeLaney 5634 Hodiamont Av</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.							
MEDICAL CERTIFICATION							
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u>							
ANTECEDENT CAUSES							
DUE TO (b) <u>Malignant Hypertension</u>							
DUE TO (c) <u>Cardiovascular - Renal disease</u>							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>321X</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED: WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>442X</u>			
22. I hereby certify that I attended the deceased from <u>June 10, 1950</u> , to <u>June 13, 1950</u> , that I last saw the deceased alive on <u>June 13, 1950</u> , and that death occurred at <u>4:20 m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>H. H. Holmann, M.D.</u>				23b. ADDRESS <u>8731 Riverman St. Louis</u>		23c. DATE SIGNED <u>6/15/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6/17/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS, MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>JUN 16 1950</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Blomke</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Sullivan Funeral Directors 2849 N. Euclid</u>			

WRITE PLAINLY—USING 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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Robert L. Brinkman

Signed.....

Student Embalmer

Licensed Embalmer No. 3553

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.