

No. 300
10-48

FILED JUL 23 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26613

BIRTH NO. 4000 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 544 Registrar's No. 1886

1. PLACE OF DEATH a. COUNTY St. Louis 3		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE California b. COUNTY San Diego	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirkwood		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN San Diego 8640	
c. LENGTH OF STAY (In this place) 1 day		d. STREET ADDRESS (If rural, give location) 519 14th St. 8	
d. FULL NAME OF HOSPITAL OR INSTITUTION R. R. #12 Box 136			

3. NAME OF DECEASED (Type or Print)	a. (First) LUCY	b. (Middle) E	c. (Last) DELANE	4. DATE OF DEATH (Month) (Day) (Year) July 10, 1952
-------------------------------------	-----------------	---------------	------------------	---

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 3	8. DATE OF BIRTH Dec. 15, 1880	9. AGE (In years last birthday) 71	10 UNDER 1 YEAR Months 7	11 UNDER 24 HRS. Days 25	12. CITIZEN OF WHAT COUNTRY? USA
---------------	------------------------	---	--------------------------------	------------------------------------	--------------------------	--------------------------	----------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife Domestic	10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (State or foreign country) Kewaunee, Wis. /	12. CITIZEN OF WHAT COUNTRY? USA
--	---	--	----------------------------------

13a. FATHER'S NAME Thomas Hlavocek	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Roy R. Delane
------------------------------------	-----------------------------------	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME Mrs. Ruth Miller	ADDRESS 819 14th St. San Diego, Cal
---	---------------------------------	--	-------------------------------------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) unknown natural cause	DUE TO (b) 7955		unk
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (c)		
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	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)	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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Herbert R. Domke M. D. Local Registrar	23b. ADDRESS 651 S. Brentwood, Clayton	23c. DATE SIGNED 7-14-52
---	--	--------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 5	24b. DATE 7/10/52	24c. NAME OF CEMETERY OR CREMATORY Greenwood Memorial Cem.	24d. LOCATION (City, town, or county) (State) San Diego, Cal
---	-------------------	--	--

DATE REC'D BY LOCAL REG. 7-11-52	REGISTRAR'S SIGNATURE Herbert R. Domke MD	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Louis H. Papp, Inc. 131 N. Algonne
----------------------------------	---	---

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Bene Hoffman*

Licensed Embalmer No. *4366*

P. O. Address *Ham. 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.