

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36299

State File No. ....

9838

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. ....

1. PLACE OF DEATH  
a. COUNTY \_\_\_\_\_  
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE **Missouri** b. COUNTY \_\_\_\_\_

b. CITY (If outside corporate limits, write RURAL and give township) c. LENGTH OF STAY (In this place)  
OR TOWN **St. Louis**  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis**

d. FULL NAME OF HOSPITAL OR INSTITUTION **5960 Astra Avenue**  
d. STREET ADDRESS (If rural, give location) **5960 Astra Avenue**

3. NAME OF DECEASED a. (First) **MARCUS** b. (Middle) \_\_\_\_\_ c. (Last) **DELAHUNTY**  
(Type or Print) 4. DATE OF DEATH (Month) (Day) (Year) **Oct. 25 1952**

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) **Widower** 8. DATE OF BIRTH **Dec. 14 1873** 9. AGE (In years last birthday) **78** 10. MONTH **10** 11. DAY **11** 12. HOURS **11** 13. MIN. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Superintendent** 10b. KIND OF BUSINESS OR INDUSTRY **General Casting Co.** 11. BIRTHPLACE (City and State or Foreign Country) **Ireland IL** 12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **Thomas Delahunty** 13b. MOTHER'S MAIDEN NAME **Mary Watson** 14. NAME OF HUSBAND OR WIFE **Deceased**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **No** (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. **333-03-2130** 17. INFORMANT'S SIGNATURE OR NAME **Mrs. William Jaxon** ADDRESS **5960 Astra Ave.**

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Corrhosis of Liver**  
ANTECEDENT CAUSES DUE TO (b) \_\_\_\_\_  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (c) \_\_\_\_\_  
II. OTHER SIGNIFICANT CONDITIONS **Arteriosclerosis**  
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH **1 1/2 yrs**

19a. DATE OF OPERATION **None** 19b. MAJOR FINDINGS OF OPERATION **None** 20. AUTOPSY? YES  NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) **None** 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) **None** 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) **None** 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR **None** **5810**

22. I hereby certify that I attended the deceased from **10-10, 1952, to 10-25, 1952**, that I last saw the deceased alive on **10-25, 1952**, and that death occurred at **12:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Name or title) **Mr. Stachle M.D.** 23b. ADDRESS **7124 Natural Bridge** 23c. DATE SIGNED **10-25-52**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Cremation** 24b. DATE **Oct 27 1952** 24c. NAME OF CEMETERY OR CREMATORY **Valhalla Crematory** 24d. LOCATION (City, town, or county) (State) **St. Louis County**

DATE REC'D BY LOCAL REG. **OCT 27 1952** REGISTRAR'S SIGNATURE **J. C. Smith M.D.** 25. FUNERAL DIRECTOR'S SIGNATURE **4746** ADDRESS **Bromschwig and Son W Florissant**

(Licensed Embalmer's Statement on Reverse Side)

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 J. Wm. Binkley

Licensed Embalmer No. 3653

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.