

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-019613
STATE FILE NUMBER

FILED MAY 23 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5265

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, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 5418 Beacon Ave		Length of stay in lb 1 year	d. STREET ADDRESS (If outside, give location) 5418 Beacon Avenue		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Charles Middle V Last DeLany			4. DATE OF DEATH Month May Day 17 Year 1958		
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 20 1879	9. AGE (In years last birthday) 79 IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mill Worker (Retired)		10b. KIND OF BUSINESS OR INDUSTRY St. Louis Ship Yards	11. BIRTHPLACE (City and state or country) Uniontown, Kentucky		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Charles Wm. DeLany		13b. MOTHER'S MAIDEN NAME Ella Linebach		14. NAME OF HUSBAND OR WIFE Belva U. DeLany	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes Spanish American		16. SOCIAL SECURITY NO. 356-09-8119	17. INFORMANT Address Mrs. Belva De Lany, 5418 Beacon Avenue		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) cerebral hemorrhage hypertensive cardiovascular disease Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Hypertensive cardiovascular disease DUE TO (c) arteriosclerosis uric acid PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (c)					INTERVAL BETWEEN ONSET AND DEATH unknown
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 443+			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from 5-12-58 , to 5-17-58 and last saw her/him alive on 5-12-58 Death occurred at 2:45 PM on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Raymond A. Stansbrough <i>Raymond A. Stansbrough MD</i>		22b. ADDRESS 3121 N. Grand <i>3121 N. Grand</i>		22c. DATE SIGNED 5-19-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE May 20 1958	23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri		
24. FUNERAL DIRECTOR Math Hermann & Son, Inc., 2161 E. Fair		25. DATE RECD. BY LOCAL REG. MAY 19 58	26. REGISTRAR'S SIGNATURE <i>Paul Smith MD</i>		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

300
1-57

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
Signature of Student Embalmer

Signed *Welford B. Burnley*

Licensed Embalmer No. *4209*

P. O. Address *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.