WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

# MISSOURI STATE BOARD OF HEALTH
## BUREAU OF VITAL STATISTICS
### CERTIFICATE OF DEATH

Do not use this space.

FEB 8 1937

1. PLACE OF DEATH

96 County ..... Registration District No. 791 File No. 3418

Township ..... Primary Registration District No. 1003 Registered No. 450

30 City St Louis, Mo. (No. ....., City Sanitarium St. ..... Ward)

9 2. FULL NAME Edward DeLargy

(a) Residence, No. 2713a No. 12th St. St., 26 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 67 yrs. 2 mos. 28 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 12, 1869

7. AGE: YEARS 67 | MONTHS 2 | DAYS 28 | If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: NIl
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: NIL 2 [illegible]
10. Date deceased last worked at this occupation (month and year): NIL
11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Stl Louis, Mo Missouri 1

FATHER

13. NAME: James DeLargy
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Ireland 15

MOTHER

15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Ireland 15

17. INFORMANT (ADDRESS): W.L. Moore, M.D. 5400 Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St Amos Cem. DATE 1/12/37, 19

19. UNDERTAKER (ADDRESS): Croghan Und Co 7146 Manchester

20. FILED JAN 12 1937 J F Bredeck Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan. 9,/37, 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1936 to Jan. 9/37, 19

I last saw him alive on Jan 8,/37, 19 Death is said to have occurred on the date stated above, at 4.10AM

The principal cause of death and related causes of importance were as follows:

Broncho- pneumonia 1-5-37 | Date of onset

95 [illegible]

Other contributory causes of importance:
Chronic Passive Congestion of lungs. Man T.B. 12-30-36x
Arteriosclerotic Heart Disease
Generalized Arteriosclerosis

Name of operation 12-30-36x Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) W. L. Moore, M.D. 1 M. D.
(Address) 5400 Arsenal St.

SOM-10-22-36 1 X9314