9 1939

REC'D MAR 21 1939

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

7896
Do not use this space.

1. PLACE OF DEATH
(a) County St. Louis County
(b) Township Carondelet
or
(c) City ~~Jefferson Barracks~~
Registration District No. 784
Primary Registration District No. 200
Registered No. 429
(d) Street No. Veterans Administration Facility, St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 450 Edward K. Delaney.
(a) Residence, No. 1360 Arlington Ave., St. Louis, Mo. St.
(Usual place of abode, if no street address, write county or city)
(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mrs. May Delaney

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 30, 1880

7. AGE: YEARS 58 | MONTHS 5 | DAYS 7 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Janitor
9. Industry or business in which work was done, as saw mill, bank, etc.: Unknown
10. Date deceased last worked at this occupation (month and year): Unkn.
11. Total time (years) spent in this occupation: Unkn.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Linville, Illinois.

FATHER
13. NAME: Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Unknown

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

17. INFORMANT (ADDRESS): Clinical Clerk, Vet. Adm. Facility, Jefferson Barracks, Missouri.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Memorial Park DATE Mar 9, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Joseph Quinn Funeral Home, 1389 N. Union Blvd., St. Louis, Mo.

20. FILED MAR 9 1939 P. R. Meyer M.D. D.P.H. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 7, 1939.

22. I HEREBY CERTIFY, That I attended deceased from February 14, 1939, to March 7, 1939.
I last saw him alive on March 7, 1939. Death is said to have occurred on the date stated above, at 1:15 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular Heart Disease Mitral Insufficiency, etiology undetermined.	Unkn.
Other contributory causes of importance: Arteriosclerosis, general.	Unkn.

Name of operation: none. Date of: -
What test confirmed diagnosis? Phys. exam. Was there an autopsy? no.
laboratory findings and x-ray findings.

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?
If so, specify
(Signed) C. W. Hughes, M.D., Ch. Med. Officer, M. D.
(Address) Vet. Adm. Fac., Jefferson Bks., Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

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 ....., Registered Apprentice No. ..... working under my personal supervision.

Signed B. W. Finn

Licensed Embalmer No. 1591

P. O. Address 4106 Botan

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.