REC'D MAY 10 1939

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

791

12909
Do not use this space.

1. PLACE OF DEATH

(a) County 2 Registration District No. 1003

(b) Township or City St. Louis 1 Primary Registration District No. Registered No. 3251

(c) (d) Street No. 7112 Pennsylvania 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 Delia Whalen

(a) Residence, No. 7112 Pennsylvania St. 1
(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: Female
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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Unknown

7. AGE: Abt 73 YEARS | MONTHS | DAYS | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri 0

FATHER
13. NAME: John Whelan
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland 5

MOTHER
15. MAIDEN NAME: Mary Waters 5
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

17. INFORMANT (ADDRESS): John Whelan 7112 Pennsylvania

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Olive Cem. DATE 4-7 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Southern Funeral Home 6322 S. Grand Blvd

20. FILED APR 6 1939 J. D. Buduck Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 4-3, 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug 23, 1937, to April 3, 1939
I last saw her alive on April 3, 1939. Death is said to have occurred on the date stated above, at 6 p m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer Right Breast (Sarcoma)	

50

Other contributory causes of importance:

Name of operation none Date of —
What test confirmed diagnosis? Urinary Test 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? None
If so, specify
(Signed) F. F. Zeller, M. D.
(Address) 7119 So Bdway

(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.

Dr Zeller
9119 S. Broadway

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

Signed Frank Ludwig

Licensed Embalmer No. 2504

P. O. Address 6322 So. Grand Bl

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

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