DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

791

State File No. 37597

Registration District No. 1003 Primary Registration District No. Registrar's No. 9436

1. PLACE OF DEATH:

(a) County 2

(b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3918 Cora Ave
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 1

(a) State Missouri (b) County

(c) City or town St Louis 10
(If outside city or town limits, write "RURAL")

(d) Street No. 3918 Cora Ave
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Delia Fahey

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased May 28-1864 (Month) (Day) (Year)

8. AGE: Years 75 Months 5 Days 5 If less than one day hr. min.

9. Birthplace Waterloo Illinois (City, town, or county) (State or foreign country)

10. Usual occupation At Home 1

11. Industry or business

FATHER
12. Name Unknown 9
13. Birthplace Unknown 9 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Elizabeth Jacobsmeyer
(b) Address 3918 Cora Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/6/39 (Month) (Day) (Year)
(c) Place: burial or cremation WATERLOO ILL

18. (a) Signature of funeral director Stroot - Carroll
(b) Address 4600 Natural Bridge Ave

19. (a) NOV 4 1939 (Date received local registrar) (b) J. F. Budech (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 3
year 1939 hour 2 minute 15 a.m.

21. I hereby certify that I attended the deceased from Jan 1-1933, 19, to Nov. 3, 1939
that I last saw her alive on Nov. 2, 1939
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Myocarditis	-3
Due to -?	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 1 (Specify type of place)
While at work? (e) Means of injury

23. Signature John G. McInney (M. D. or other) MD
Address 5014 Thekla Av Date signed 11/3/39

(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.

I X19511

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 Paul H Stout

Licensed Embalmer No. 2265

P. O. Address.....

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

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