

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.

DEC 9 1939
Registration District No. 84

Primary Registration District No. 200

1. PLACE OF DEATH:
(a) County Saint Louis
(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Facility
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Adm: 9-26-39
In this community Unknown
years, months or days

3. (a) PRINT FULL NAME Michael Delaney 4571
3. (b) If veteran, name war World
3. (c) Social Security No. -

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Irene 6. (c) Age of husband or wife if alive - years
7. Birth date of deceased Sept. 19, 1886
(Month) (Day) (Year)

8. AGE: Years 53 Months 2 Days 0
If less than one day hr. min.

9. Birthplace Saint Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Tile Setter-Helper

11. Industry or business -

MOTHER FATHER
12. Name Patrick Delaney
13. Birthplace Ireland
(City, town, or county) (State or foreign country)
14. Maiden name Margaret Crane
15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature C. V. Hughes, V.A.F.
(b) Address Jefferson Barracks, Missouri

17. (a) Burial (b) Date thereof 11/22/39
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Stuart Carroll And Co
(b) Address 4600 West Bridge

19. (a) NOV 21 1939 (b) C. R. Murphy, D.D.P.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County -
(c) City or town Saint Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1221 Franklin
(If rural, give location)
(e) If foreign born, how long in U. S. A. - years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 19
year 1939 hour 5 minute 41 P. M.
21. I hereby certify that I attended the deceased from September
26, 1939, to November 19, 1939;
that I last saw him alive on November, 1939;
and that death occurred on the date and hour stated above.

Immediate cause of death Polycystic kidney, bilateral, extreme, with uremia.
Duration Unkn.
Due to -
Due to -
Other conditions None
(Include pregnancy within 3 months of death)
Major findings: No operation
Of autopsy See cause of death
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? -

While at work? - (Specify type of place) (e) Means of injury -
23. Signature C. V. HUGHES, Chief Med. Off (M. D. or other) 11-20-39
Address VAF., Jeff. Bks., Mo. Date signed

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 Sheldon Collier

Licensed Embalmer No. 3382

P. O. Address _____

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