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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8102

Registration District No. 784

Primary Registration District No. 106

Registrar's No. 527

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County: St. Louis

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

(c) Name of hospital or institution: Ballas Road, Route #5 B-805
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 2 (Specify whether years, months or days)

In this community:

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: St. Louis

(c) City or town: Kirkwood
(If outside city or town limits, write "RURAL")

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(d) Street No.: Route #5 Box 805
(If rural, give location)

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

3. (a) PRINT FULL NAME: George L. Delany 450

3. (b) If veteran, name war: None

3. (c) Social Security No.: 492-10-3813

4. Sex: M.

5. Color or race: W.

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

6. (b) Name of husband or wife: Margaret Delany

6. (c) Age of husband or wife if alive: 45 years

7. Birth date of deceased: Nov. 16th., 1888 (Month) (Day) (Year)

8. AGE: Years 51 | Months 3 | Days 28 | If less than one day ____ hr. ____ min.

9. Birthplace: St. Louis (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation: Sales Promotion Mgr. 1

11. Industry or business: Bussman Mfg. Co. 7

FATHER
12. Name: George W. Delany 7
13. Birthplace: Ill. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Eugenie Leaverdure
15. Birthplace: France (City, town, or county) (State or foreign country)

16. (a) Informant: Margaret Delany
(b) Address: Box 805 Route #5 Kirkwood

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3-18-1940 (Month) (Day) (Year)
(c) Place: burial or cremation: Calvary

18. (a) Signature of funeral director: Arthur J. Donnelly
(b) Address: 3840 Lindell Blvd.

19. (a) MAR 15 1940 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Mar. day: 14th. year: 1940 hour: 11 minute: 30 p. M.

21. I hereby certify that I attended the deceased from November 18, 1934, to March 14, 1940; that I last saw him alive on March 14, 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary occlusion (thrombosis)	2 days
Due to: Coronary sclerosis (prior attack 1932)	8 years?
Due to: Cerebral embolism (or thrombosis) 7-4-39	
Other conditions: - (Include pregnancy within 3 months of death)	

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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? - (Specify type of place)
While at work? - (e) Means of injury: -

23. Signature: Leo Cady (M. D. or other)
Address: 462 N Taylor Date signed: 3-16-40

(Licensed Embalmer's Statement on Reverse Side) Leo D Cady

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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Lindell B

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

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