S. No. 2
-11-10-39
5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 5 1940

Registration District No. 784

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26345

Primary Registration District No. 115

Registrar's No. 1313

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town University City

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

(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (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 University City

(If outside city or town limits write "RURAL")

(d) Street No. 7222 Lindell Blvd.

(If rural, give location)

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

3. (a) PRINT FULL NAME John Delahunt

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Lorena Delahunt

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased March (Month) 14th (Day) 1857 (Year)

8. AGE: Years 83 Months 3 Days 29 If less than one day hr. min.

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

10. Usual occupation Unemployed

11. Industry or business

MOTHER FATHER

12. Name Patrick Delahunt

13. Birthplace Ireland (City, town, or county) (State or foreign country)

14. Maiden name Mary Costigan

15. Birthplace Ireland (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lorena Delahunt

(b) Address 7222 Lindell Blvd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-15-40 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Kriegshauser Mortuaries

(b) Address 4228 So. Kingshighway

19. (a) JUL 13 1940 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 13th year 1940 hour 12:45 minute A.M. M.

21. I hereby certify that I attended the deceased from Jan 1, 1940, to July 13, 1940, that I last saw him alive on July 12, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute Cardiac dilatation	3 mos
Due to Chronic myocarditis	1½ yrs
Due to Chronic Nephritis and arterio sclerosis	2 yrs
Other conditions (Include pregnancy within 3 months of death) Old age	

Major findings:
Of operations X
Of autopsy No 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) X

(b) Date of occurrence X

(c) Where did injury occur? X (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? X (Specify type of place)

While at work? X (e) Means of injury X

23. Signature William T. Fischer (M. D. or other) M.D.

Address 3500 N Grand Date signed 7/13/40

(Licensed Embalmer's Statement on Reverse Side)

Noon-Sat.

3508 N. Grand

1-2

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 Reinhold K. Lohrmann

Licensed Embalmer No. 3395

P. O. Address.....

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

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