S. No. 2
M—1/47
5-17-39

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

FEDERAL SECURITY AGENCY #84639
National Office of Vital Statistics
FILED MAY 7 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 140066

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 3961

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Mo. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital-Max C. Starkloff (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:
(a) State Missouri (b) County 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17
(d) Street No. 4757a St. Louis Avenue Memorial (If rural, give location) 9
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME HAROLD DELANEY
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex male
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Helen Delaney (Phillips)
6. (c) Age of husband or wife if alive years
7. Birth date of deceased October 18th 1912 (Month) (Day) (Year)

8. AGE: Years 35 Months 6 Days 7 If less than one day hr. min.

9. Birthplace St. Louis, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Bartender
11. Industry or business
FATHER
12. Name Richard Delaney
13. Birthplace St. Louis, Missouri (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mabel Summers
15. Birthplace St. Louis, Missouri (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Helen Delaney - Wife.
(b) Address 4757a St. Louis Avenue.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 4-28-48 (Month) (Day) (Year)
(c) Place: burial or cremation Int. Calvary Cemetery
18. (a) Signature of funeral director Sullivan Brothers.
(b) Address 2849 North Euclid Avenue.
19. (a) APR 27 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 25th year 1948 hour 8 minute 10 A M.
21. I hereby certify that I attended the deceased from 4/10/48, 19, to April 25th 1948 that I last saw him alive on April 25th 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Malignant Nephrosclerosis c̄ heart failure
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy Nephrosclerosis Cardiomegaly

Duration

PHYSICIAN
Underline the cause of 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 [signature] (M. D. or other) [signature]
Address 1515 Lafayette 4/26/48 Date signed

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

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 Robert L. Bruckman

Licensed Embalmer No. 3553

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, fact should be so stated above.