

STANDARD CERTIFICATE OF DEATH

State File No.

FILED OCT 26 1954

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8998

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Kentucky		b. COUNTY Jefferson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>Louisville</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION. <u>St. Johns Hosp.</u>		e. STREET ADDRESS (If rural, give location) <u>1139 South 7th St.,</u>		d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Michael</u>	b. (Middle) <u>A.</u>	c. (Last) <u>Delaney</u>	4. DATE OF DEATH (Month) <u>Oct.</u> (Day) <u>3</u> (Year) <u>54</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>April 22, 1883</u>	9. AGE (in years last birthday) <u>71</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Proprietor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Hardware</u>		11. BIRTHPLACE (City and State or Foreign Country) / <u>Louisville Ky.</u>	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME <u>John Delaney</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Cook</u>	
14. NAME OF HUSBAND OR WIFE <u>Agnes Delaney</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Agnes Godar Webster</u>		ADDRESS <u>Groves Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH <u>6 wks</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		ANTECEDENT CAUSES			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) _____			
		DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>331X</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Aug</u> , 19 <u>54</u> , to <u>Oct 2</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>Oct 2</u> , 19 <u>54</u> , and that death occurred at <u>3:30</u> p.m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>James J. Moore</u>		23b. ADDRESS <u>636 N. Grand</u>		23c. DATE SIGNED <u>10/4/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>10-4-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Local</u>	
24d. LOCATION (City, town, or county) (State) <u>Louisville Ky.,</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>A.H. Hoppe 4704 Washington Ave.</u>			
DATE REC'D BY LOCAL REG. <u>OCT 4 1954</u>		REGISTRAR'S SIGNATURE <u>Charles Smith MOORE</u> <u>m83</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

DEC 10 1950

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, Student Embalmer No. working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed *Paul A. Wackter*.....

Licensed Embalmer No. *4782*

P. O. Address *Stou...*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.