

FILED MAR 18 1957

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

10148

State File No.

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

Registrar's No. **1722**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town or township) ST. LOUIS		c. CITY OR TOWN ST. LOUIS	
c. LENGTH OF STAY (In this place) 3 YRS.		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION ADMIRAL HOTEL, OLIVE & JEFFERSON		e. STREET ADDRESS (If rural, give location) 2330 Olive	
3. NAME OF DECEASED (Type or Print) a. (First) MICHAEL b. (Middle) CHARLES c. (Last) DELARGY		4. DATE OF DEATH (Month) (Day) (Year) FEB. 18 1957	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 2	8. DATE OF BIRTH JAN. 31, 1888
9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months	IF UNDER 6 HRS. Days	IF UNDER 4 HRS. Hours Min.
10a. USUAL OCCUPATION (This kind of work done during most of working life, even if retired) CABINET MAKER	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS, Mo.	12. CITIZEN OF WHAT COUNTRY? USA.
13a. FATHER'S NAME MICHAEL DELARGY	13b. MOTHER'S MAIDEN NAME BRIDGET BANNON	14. NAME OF HUSBAND OR WIFE DECEASED.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 546-16-7447	17. INFORMANT'S SIGNATURE OR NAME ADDRESS DOROTHY BROWN, FLOISSANT, MO.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) COR PULMONALE -		2 YRS.	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS	
ANTECEDENT CAUSES		DUE TO (b) EMPHYSEMA AND ASTHMA	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		20 YRS.	
DUE TO (c) CHRONIC BRONCHITIS		30 YRS.	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" 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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 _____, 1950, to FEB 18, 1957 , that I last saw the deceased alive on FEB 17, 1957 and that death occurred at 10 AM , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Herbert C. Hunt		23b. ADDRESS M. D. O. 508 N. GRAND	
23c. DATE SIGNED 2/19/57			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 2-20-57	24c. NAME OF CEMETERY OR CREMATORY CALVARY	24d. LOCATION (City, town, or county) (State) ST. LOUIS, MO.
DATE REC'D BY LOCAL REG. FEB 19 1957	REGISTRAR'S SIGNATURE Charles Smith MD	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Gene Stutchen, FLOISSANT, MO.	

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

m86 (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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
James A. Hutchins

Licensed Embalmer No. 4966

P. O. Address *J. Hutchins*

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.