

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

38532
 State File No.

FILED OCT 25 1957

BIRTH NO.		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>544</u>		Registrar's No. <u>2517</u>	
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY St. Louis			
b. CITY OR TOWN Kirkwood		c. LENGTH OF STAY (in this place) 2 Yrs.		c. CITY OR TOWN St. Louis		d. In 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 St. Agnes Home				e. STREET ADDRESS (If rural, give location) 4869 Palm			
3. NAME OF DECEASED (Type or Print) a. (First) Etta		b. (Middle) -		c. (Last) Delaney		4. DATE OF DEATH (Month) (Day) (Year) 10 11 1957	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 11/3/1879	
9. AGE (In years last birthday) 77		IF UNDER 1 YEAR: Months Days		IF UNDER 1 HR. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and State or Foreign Country) Italy		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Benedett Nespolo		13b. MOTHER'S MAIDEN NAME Carlotta Boggiano		14. NAME OF HUSBAND OR WIFE John L.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 338-09-7111D		17. INFORMANT'S SIGNATURE OR NAME T. R. Reich Jr. ADDRESS 5011 Danbury St.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) * This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerosis general DUE TO (c) 4201				INTERVAL BETWEEN ONSET AND DEATH 1 day estimated 15 years	
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? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
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) (Min.)		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>Oct 24</u> , 1955, to <u>Oct 11</u> , 1957, that I last saw the deceased alive on <u>Oct 7</u> , 1957, and that death occurred at <u>7:30 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE CH Joekelman M.D. (Degree or title)				23b. ADDRESS 2615 Brentwood Blvd		23c. DATE SIGNED 10/11/57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 10/14/1957		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis Mo.	
DATE REC'D BY LOCAL REG. 10-11-57		REGISTRAR'S SIGNATURE Herbert R. Donike M.D. (Exec)		25. FUNERAL DIRECTOR'S SIGNATURE Arthur Donnelly		ADDRESS 3840 Lindell Blvd.	

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

No. 1011
 2 yrs. 3 mos.
 4809 Palm
 10 11 1957
 DeWanda
 11/3/1878
 Female
 White
 Home
 Household
 Penelope Reside
 Garfield Building
 John L.
 138-09-1110 N. 1st St. S.W. Seattle 1957

11/11/57
 1957-2-1907

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 Francis Williams
 Licensed Embalmer No. 2565
 P. O. Address 3840 Lind

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.