WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

15043

1. PLACE OF DEATH

County ..... Registration District No. 791 1003 ..... File No. .....

Township ..... Primary Registration District No. ..... Registered No. 3960

City St Louis (No. 2431 Lemp St. ..... Ward)

2. FULL NAME Charles Ernest Delf

(a) Residence. No. 2431 Lemp St., 23 Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. ~~Single, Married~~, Widowed ~~or Divorced (write the word)~~: Widowed

5A. If Married, Widowed, or Divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 6 1838

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
90	2	3	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY) Germany

PARENTS

10. NAME OF FATHER: Ernest Delf
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Unknown

14. INFORMANT: Edw. Delf
(Address) 2431 Lemp Ave

15. FILED APR 10 1923 19.. Max C. Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr. 9 1928

17. I HEREBY CERTIFY That I attended deceased from March 22, 1928, to April 9, 1928, that I last saw him alive on April 8, 1928, and that death occurred, on the date stated above, at 10 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Broncho Pneumonia

10 Da (duration) ..... yrs. ..... mos. 20 ds.

CONTRIBUTORY (SECONDARY) 10 Da (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? no DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Lung & Sputum findings

(Signed) Adam Youngman M. D

4/10, 1928 (Address) Adam Youngman

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Pevely Mo.
DATE OF BURIAL: Apr. 11 1928

20. UNDERTAKER: Wm Schumacher
ADDRESS 3013 Meramec