

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

Do not use this space.

26175

1. PLACE OF DEATH

County St. Louis Registration District No. 1123
 Township CARONDELET Primary Registration District No. 8248B
 City Jefferson Barracks, Mo. U.S. Veterans Hospital, Jefferson Barracks, Mo. Ward

2. FULL NAME George L. DeGelder.

(a) Residence, No. Cairo, Ills. St. Ward.
 (Usual place of abode)
 Length of residence in city or town where death occurred 11 yrs. 11 mos. 0 wks. How long in U. S., if of foreign birth? yrs. mos. ds.
 (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male. 4. COLOR OR RACE White. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. George L. DeGelder (Deceased)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 24, 1889

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	41	11	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer.
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farming for himself.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Beech Ridge,
 (STATE OR COUNTRY) Illinois.

13. NAME George P. DeGelder.

14. BIRTHPLACE (CITY OR TOWN) Unavailable.
 (STATE OR COUNTRY) Holland.

15. MAIDEN NAME Alice Lane

16. BIRTHPLACE (CITY OR TOWN) Moundsville,
 (STATE OR COUNTRY) West Virginia

17. INFORMANT (ADDRESS) H. B. Smith, Clinical Director,
 U.S. Veterans Hospital, Jefferson Barracks, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Cairo, Ill DATE Aug 6 1931

19. UNDERTAKER (ADDRESS) C. Hoffmeister, Jr & Co
 7814 S. Broadway

20. FILED Aug 3 1931 L. C. Obroek
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 31, 1931. 19

22. I HEREBY CERTIFY, That I attended deceased from July 28, 1931 to July 31, 1931

Last saw him alive on July 31, 1931. 19 Death is said to have occurred on the date stated above, at 6:01 PM

The principal cause of death and related causes of importance were as follows:

Psychosis.-Intoxication, alcohol, acute.

Date of onset

Other contributory causes of importance:

Name of operation Autopsy, Physical & Laboratory Date of
 What test confirmed diagnosis Was there an autopsy? Yes.
 Findings

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify

(Signed) M. C. Gibson, M.D., Officer in Charge
 (Address) U.S. Veterans Hospital, Jefferson Barracks, Mo.

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.

AUG 29 1931

