Dr Wentker

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

Do not use this space.

41277

1. PLACE OF DEATH

County ..... Registration District No. 757 File No. .....

Township ..... Primary Registration District No. 3036 Registered No. 170

City St Charles (No. 214 South 2nd St. ..... Ward)

2. FULL NAME Jacob Delger

(a) Residence, No. 214 S. 2nd St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)

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 Wilhelmina Wilhelm

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) ? ? 1852

7. AGE: YEARS about 80 | MONTHS ? | DAYS ? | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cottleville Mo

FATHER

13. NAME Charles Delger
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cottleville Mo

MOTHER

15. MAIDEN NAME No History
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No History

17. INFORMANT (ADDRESS) Minnie Delger 214 S. 2nd St

18. BURIAL, CREMATION, OR REMOVAL
PLACE St Peter Cem. DATE Dec 13 1932

19. UNDERTAKER (ADDRESS) H C Dallmeyer & Son 60 800 N. 2nd St.

20. FILED 12/12 1932 Hy G. Blocbaum Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 11 1932

22. I HEREBY CERTIFY That I attended deceased from Nov. 26 1932, to Dec. 11, 1932

I last saw him alive on Dec. 11 1932 Death is said to have occurred on the date stated above, at 10:10 P.m.

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

	Date of onset
Uraemia	3 or 4 mo ago
Other contributory causes of importance:	
Arteriosclerosis	10 yrs ago
Hypertrophy of prostate	3 yrs ago

Name of operation none Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? no

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? no

If so, specify .....

(Signed) B. P. Wentker, M. D.

(Address) St. Charles, Mo.

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.