

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

Do not use this space.

21634

1. PLACE OF DEATH  
 County St Charles Registration District No. 760  
 Township Dardanne Primary Registration District No. 6601  
 City Collinsville (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Elizabeth Delger  
 (a) Residence, No. Collinsville St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 85 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. 2  
 Registered No. 32

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>F</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Jacob Delger deceased</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 24-1848</u>		
7. AGE	YEARS <u>85</u>	MONTHS <u>6</u>
	DAYS <u>12</u>	IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housework</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>—</u>	
	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) <u>St Charles Co Mo</u>		
FATHER	13. NAME <u>John Phillips</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
MOTHER	15. MAIDEN NAME <u>not known</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
17. INFORMANT <u>Geo Delger Collinsville Mo</u> (ADDRESS)		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Collinsville</u> DATE <u>June 10</u> 19 <u>34</u>		
19. UNDERTAKER <u>E. Kestler</u> (ADDRESS) <u>Collinsville Mo</u>		
20. FILED <u>6/14</u> 19 <u>34</u> <u>W. C. Caldwell</u> Registrar		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 6 1934

22. I HEREBY CERTIFY that I attended deceased from Jan 5 1934 to June 6 1934  
 I last saw him alive on June 6 1934. Death is said to have occurred on the date stated above, at 7 a.m.  
 The principal cause of death and related cause of importance were as follows:  
Sarcoma of Jaws  
tricus  
 Other contributory causes of importance WV

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? usual 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) R. H. Rosemeyer, M. D.  
 (Address) Collinsville 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.

JUL 13 1934

