NOV 4 1936

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

Do not use this space.

39558

791

1003

File No. 10601

Registered No.

**1. PLACE OF DEATH**

County

Registration District No.

Township

Primary Registration District No.

City St. Louis, Missouri (No. , St. Louis Children's Hospital St. Ward)

**2. FULL NAME** Delores Elflein

(a) Residence, No. St., NR Ward. Gore, Missouri
(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: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-16-36

7. AGE: Years | Months: 3 | Days: 5 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. CHILD

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) St. Louis, Mo.

FATHER

13. NAME Unknown

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

MOTHER

15. MAIDEN NAME Meta Elflein

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT I.K.BLUM
(ADDRESS) 500 So. Kingshighway

18. BURIAL, CREMATION, OR REMOVAL
PLACE GORE, Mo. DATE 10-23 1936

19. UNDERTAKER ALBERT H. HOPPE INC
(ADDRESS) 429 No. EUCLID AVE

20. FILED OCT 22 1936 19 J. F. Bredeck Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-21-36, 19

22. I HEREBY CERTIFY, That I attended deceased from 9-27-36, 19, to 10-21-36, 19

I last saw her alive on 10-21-36 Death is said to have occurred on the date stated above, at 2.50 p.m.

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

| | Date of onset |
|---|---|
| Meningococcus Meningitis | 9-14-36 |
| Hydrocephalus - internal (Post meningitic) | 10-5-36 |

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? Yes

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) R. J. Blattner M. D.

(Address) 500 So. Kingshighway Blvd. St. L. 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.

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