

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

Do not use this space.

1. PLACE OF DEATH **JUL 8 1937**

**791
1003**

22445

County.....

Registration District No.....

File No.....

Township.....
St. Louis

Primary Registration District No.....
City Hospital No. 1

Registered No.....
6197

C. **3895**

John DeLisle

2. FULL NAME.....

(a) Residence, No. **2519 a North 10th** St., **26** Ward.

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX **male** 4. COLOR OR RACE **white** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **married**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **6/24/37**, 19

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

22. I HEREBY CERTIFY, That I attended deceased from **6/20/37**, 19, to **6/24/37**, 19.

I last saw him alive on **6/24/37**, 19. Death is said

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Jan 11 1889**

to have occurred on the date stated above, at **5.15 p**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. **68 682 5 13**

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

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

Perminence
degenerative heart disease

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Illinois**

degenerative heart disease

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

13. NAME **unknown**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown on**

15. MAIDEN NAME **Lizzie Ridgdon**

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

17. INFORMANT **Hosp. Info M. Kent**

18. BURIAL, CREMATION, OR REMOVAL PLACE **St. Matthews** DATE **6/26/37**, 19

19. UNDERTAKER (ADDRESS) **Cullinane Brothers 1710 North Grand**

20. FILED **JUN 26 1937** *H. Bredeck* Registrar.

degenerative heart disease

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

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) *George S. Byrd*, M. D.

(Address) **City Hospital No. 1**

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.

177
666
31

