

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

1134
Do not use this space.

1. PLACE OF DEATH **FEB 12 1938**
 (a) County **St. Louis** Registration District No. **791**
 (b) Township **St. Louis** Primary Registration District No. **1003** Registered No. **990**
 (c) City **St. Louis** (d) Street No. **7422 Minnesota ave.** St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Jacob Delarber 461**
 (a) Residence, No. **7422 Minnesota ave.** St. **1** (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **July 10, 1859**

7. AGE YEARS **78** MONTHS **6** DAYS **15** If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Blacksmith**
 9. Industry or business in which work was done, as saw mill, bank, etc. **Laclede Gas Co.**
 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) **Germany**

FATHER 13. NAME **Jacob Delarber**
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

MOTHER 15. MAIDEN NAME **Mary Ritter**
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

17. INFORMANT **Lisetta Delarber**
 (ADDRESS) **7422 Minnesota ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Park Lawn Cem.** DATE **Jan. 28, 1938**

19. FUNERAL DIRECTOR **C. Hoffmeister U. & L. Co.**
 (ADDRESS) **7814 S. Broadway**

20. FILED **JAN 27 1938**
J. F. Bredeck
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Jan. 25, 1938**

22. I HEREBY CERTIFY, That I attended deceased from **July 13, 1937** to **Jan. 25, 1938**.
 I last saw him alive on **Jan. 20, 1938**. Death is said to have occurred on the date stated above, at **4:30 P.M.**
 The principal cause of death and related causes of importance were as follows:

Acute dilatation of heart 1-25-38
 Myocarditis chronic - before 7-13-38
 Atrial fibrillation before 7-13-38
 Hypertension before 7-13-38

Other contributory causes of importance: **Q30**

Name of operation **None** Date of
 What test confirmed diagnosis? **Physical exam** 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) **Norman Miller**, M. D.
 (Address) **7327 S. Broadway**

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.

STATEMENT BY LICENSED EMBALMER

I, George W. Hoffmeister, Licensed Embalmer No. 2426

hereby certify that the body recorded on the reverse side of this certificate was embalmed by L. C. Hoffmeister #3871

L. E. V. Berrymann #4018

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed George W. Hoffmeister

Licensed Embalmer No. 2426

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)