

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 40746
Registrar's No. 2047

Registration District No. 782

Primary Registration District No. 101

1. PLACE OF DEATH:
 (a) County St. Louis
 (b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Louis County Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2hr. 25 min.
life (Specify whether)
 In this community _____
years, months or days

3. (a) PRINT FULL NAME June Delmain 455
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced single
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased May 8 1939
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>0</u>	<u>6</u>	<u>13</u>	_____ hr. _____ min.

9. Birthplace ? Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation nil. 0

11. Industry or business 0

12. Name Lee Delmain
 13. Birthplace ? Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Ethel Foster
 15. Birthplace ? Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Lee Delmain
 (b) Address Allenton, Mo.

17. (a) Burial (b) Date thereof Nov. 23, 39
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Allenton, Mo.

18. (a) Signature of funeral director Schroeder Funeral Home
 (b) Address Ballwin, Mo.

19. (a) NOV 21 1939 (b) W. R. Meyer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County St. Louis
 (c) City or town Allenton
(If outside city or town limits, write "RURAL")
 (d) Street No. Highway 66
(If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Nov. day 21
 year 1939 hour 5 minute :58 A. M.
 21. I hereby certify that I attended the deceased from 11-21-39
 _____, 19____, to 11-21-39, 19____;
 that I last saw her alive on 11-21-39, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumo pneumonia
 Due to Scarlet fever
 Due to 11-9-36
 Other conditions _____
(Include pregnancy within 3 months of death)
 Major findings: _____
 Of operations _____
 Of autopsy _____

Duration 2 hrs
 30 lbs
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place)
 (e) Means of injury 1 h-d
 23. Signature R. J. Rosser (M. D. or other) h-d
 Address St. Louis Co Ho Date signed 11-21-39

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed *Theo Schrader*

Licensed Embalmer No. 3066

P. O. Address Gallwin, Mo.

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.)

If this body is not embalmed, above space should be left blank.