

16950

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

4428

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis, Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: City Infirmary
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 7yr. 3mo. 27days
 (Specify whether
 In this community 42 years
 years, months or days)

3. (a) PRINT FULL NAME Charles Delleart 4638. (b) If veteran, name war Unknown 3. (c) Social Security No. Unknown4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive Unknown years7. Birth date of deceased March 15 1862
(Month) (Day) (Year)8. AGE: Years 78 Months 2 Days 1 If less than one day hr. _____ min.9. Birthplace Unknown Belgium
(City, town, or county) (State or foreign country)10. Usual occupation Laborer11. Industry or business Unknown12. Name Unknown13. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)14. Maiden name Unknown
(City, town, or county) (State or foreign country)15. Birthplace Unknown
(City, town, or county) (State or foreign country)16. (a) Informant's own signature J. H. Sullivan(b) Address 5800 Arsenal17. (a) burial (b) Date thereof May 18-40
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Old SS Peter & Paul18. (a) Signature of funeral director St. L. Magall(b) Address 1926 Allen Ave19. (a) MAY 18 1940
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis 13
 (If outside city or town limits, write "RURAL")
 (d) Street No. 5800 Arsenal
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? Unknown years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 16
year 1940 hour 6:00 minute _____ P. M.21. I hereby certify that I attended the deceased from
January 5, 1940 to May 16, 1940
that I last saw him alive on May 16, 1940
and that death occurred on the date and hour stated above.Immediate cause of death Septicemic Heart Disease Duration _____Due to arteriosclerosisDue to chronic myocarditis

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy none 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 _____

23. Signature James P. Murphy (M. D. or other) _____Address 5800 Arsenal Street Date signed 5-17-40

(Licensed Embalmer's Statement on Reverse Side)

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.

RECORDED & INDEXED

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 Bry C. Dunbar
Licensed Embalmer No. 2272
P. O. Address 1926 Allen

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: