

Registration District No. _____

Primary Registration District No. _____

Registrar's No. 7466

7912

7003

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis,
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
1545a North 18th. Street
 (If not in hospital or institution, write street number or location) 2
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community _____
 years, months or days

3. (a) PRINT FULL NAME Albert Delgman

8. (b) If veteran, name war none 8. (c) Social Security No. NONE

4. Sex Male 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 October 16 1870
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 10 17 hr. min.

9. Birthplace St. Louis, Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation Retired Painter

11. Industry or business _____

MOTHER FATHER { 12. Name Justis Delgman
 13. Birthplace Germany
 (State or foreign country)

14. Maiden name Caroline Louise
 (State or foreign country)

15. Birthplace Germany
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Emma Delgman

(b) Address 4207 Red Bud

17. (a) Burial (b) Date thereof Sept. 6, 1940
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director General Funeral Home

(b) Address 2233 University Street

19. (a) SEP 5 1940 (Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis 20
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1545a North 18th. Street
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: September 3rd, 1940
 Month day year hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Sept 5/40
18 yrs, 19 _____, to Sept 3/40
 that I last saw him alive on Sept 3/40, 19 _____;
 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocarditis Duration 1 da
Portia Regurgitation 1 da
 Due to _____
 Due to _____

Other conditions Chronic Hypertension 1 da
 (Include pregnancy within 3 months of death)
Coronary Artery 1 da
 Major findings:
 Of operations _____
 Of autopsy 1248

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 J. J. [Signature] (M. D. or other) _____
 Address 1875 Madison Date signed 9-8/40

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.

WALLE FLAHLI—USE CONFIDING DECKER FOR MARKING PURPOSES
 I 41951

Dr. Streigel

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

Edward J. Lockhard

Licensed Embalmer No.

2502

P. O. Address

Dayton 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.