

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **8515**

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:  
**Luthern Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community \_\_\_\_\_ years, months or days

3. (a) PRINT FULL NAME **George Dellert**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. **488-18-6411**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Elizabeth Dellert** 6. (c) Age of husband or wife if alive **68** years  
7. Birth date of deceased **Oct. 4, 1870**  
(Month) (Day) (Year)

8. AGE: Years **70** Months **0** Days **8** If less than one day hr. min.

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

10. Usual occupation **Beer Bottler**

11. Industry or business **Brewery**

12. Name **George Dellert**

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

14. Maiden name **Dont Know**

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

16. (a) Informant **Mrs. Elizabeth Dellert**

(b) Address **3418 Illinois Ave.**

17. (a) **SBurial** (b) Date thereof **Oct. 15, 1940**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Sunset Burial Pk.**

18. (a) Signature of funeral director **Weick Bros.**

(b) Address **2201 SO. Grand Bl.**

19. (a) **OCT 15 1940** (b) **J. F. Budick**  
(Date received and registered) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County \_\_\_\_\_  
(c) City or town **St. Louis** **2X**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **3418 Illinois Avenue**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **12**  
year **1940** hour **6** minute \_\_\_\_\_ A. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_\_\_, to \_\_\_\_\_ 19\_\_\_\_.

that I last saw him alive on \_\_\_\_\_ and that death occurred on the date and hour stated above.

Immediate cause of death **Perforation of Liver**

**Chronic Alcoholic White**

Due to **Involuntarily from a hernia rupture**

Due to **induced by alcohol**

Other conditions **Struck by a 2X86 at**

Major findings: **Enterostomy**

Of operations **on August 6-1940**

Of autopsy **about 1:50 P. M.**

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) **Accident**

(b) Date of occurrence **Aug. 6-1940**

(c) Where did injury occur? **St. Louis**

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

**Industry**

While at work? (Specify type of place) (e) Means of injury

23. Signature **W. F. Budick** (M. D. or other)

Address **Capitol Square** Date signed **9/15/40**

**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

*John H. Hutter*

Licensed Embalmer No. **3880**

P. O. Address.....

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

**If this body is not embalmed, fact should be so stated above.**