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13-40  
17-39  
X23159

Registration District No. **791**

Primary Registration District No. **1003**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED DEC 11 1940

1. PLACE OF DEATH:

(a) County.....  
(b) City or town. **St. Louis, Mo.**  
(If outside city or town limits, write "RURAL" and name of town)  
(c) Name of hospital or institution:  
**St. Anthony's 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. **76 Years.**  
years, months or days)

3. (a) PRINT FULL NAME **Mrs. Nellie Delgman.**

3. (b) If veteran, name war **None**  
3. (c) Social Security No. **None**

4. Sex **Female.** 5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Widow.**

6. (b) Name of husband or wife **August Delgman.**  
6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased **December 19, 1863**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**76 10 15** hr. min.

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

10. Usual occupation **At Home.**

11. Industry or business **5**

12. Name **Patrcik Brennan.**

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

14. Maiden name **Mary Kahaler.**

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

16. (a) Informant **Mr. William Delgman.**

(b) Address **4155a Shaw Blvd.**

17. (a) **Burial.** (b) Date thereof **11-7-1940**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **Arthur J. Donnelly**  
(b) Address **3840 Wendell Blvd.**

19. (a) **NOV 6 1940** (b) **J. J. Beck**  
(Date received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County.....  
(c) City or town **St. Louis.**  
(If outside city or town limits, write "RURAL") **17**  
(d) Street No. **4155a Shaw Ave.**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.?..... years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** day **4th.**  
year **1940** hour **5.** minute **55 A.M.**

21. I hereby certify that I attended the deceased from **November 3, 1940**, to **November 4, 1940**  
that I last saw **her** alive on **Nov 3, 1940**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Coma** **3 days**

Due to **Diabetes Mellitus** **7 years**

Due to **my** **5**

Other conditions **myocarditis Chronic** **7 years**  
(Include pregnancy within 6 months of death)

Major findings: **None**

Of operations **None**

Of autopsy **None**

Duration  
3 days  
7 years  
7 years  
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?

(Specify type of place) While at work.....  
(e) Means of injury.....  
23. Signature **Phil Boydenker** (M. D. or other) **MD**  
Address **306 N Grand Blvd St. Louis** Date signed **11/5/40**

306 N. Federal  
2-11-11

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

W. H. Van Matre

Licensed Embalmer No.

2825

P. O. Address

4340 Lafayette

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, fact should be so stated above.