

S. No. 2  
1-4-13-40  
7. 5-17-39  
X23139

FILED MAY 13 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 12487  
Registrar's No. 2917

Registration District No. 791 Primary Registration District No. 1003

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17  
9  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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: City Hospital #1  
(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 JOSEPH DELTOUR  
3. (b) If veteran, name war NO  
3. (c) Social Security No. \_\_\_\_\_

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 Feb. 2, 1877  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
64 1 29  
hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Belgium  
(City, town, or county) (State or foreign country)

10. Usual occupation Tinner

11. Industry or business \_\_\_\_\_  
MOTHER FATHER { 12. Name August Deltour  
13. Birthplace Belgium  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Belgium  
(City, town, or county) (State or foreign country)

16. (a) Informant Amile Coreman  
(b) Address 1522 S. 12th St.

17. (a) Burial (b) Date thereof April 2-41  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation St. Matthews

18. (a) Signature of funeral director Am. C. Maydell  
(b) Address 1926 Allen Ave.

19. (a) APP - 2 - 1941 (b) J. F. Prebeck  
(Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County 000  
(c) City or town St. Louis 17  
(If outside city or town limits, write "RURAL") 239  
(d) Street No. 1522 S. 12th St.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month April day 1st  
year 1941 hour 3 minute 10 A.M.

21. I hereby certify that I attended the deceased from March 8, 1941 to April 1, 1941  
that I last saw him alive on April 1, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Thrombosis 4 yrs.  
Duration

Due to Generalized Arteriosclerosis 10 yrs

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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 W. H. Howell (M. D. or other) 2/4/41  
Address 1515 Lafayette Avenue Date signed \_\_\_\_\_

**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..... *Beryl C. Duncan*.....  
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, fact should be so stated above.**