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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 24 1941

Registration District No. 791

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 33597

Registrar's No. 8555

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: 4616 Bulwer Ave. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 58 Years, years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 179 5

(d) Street No. 4616 Bulwer Ave. (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME MARGARET E. DELGMAN

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Edward Delgman

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased Sept. 2. 1883 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
58	1	25	hr. min.

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

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Henry Siffley
13. Birthplace Missouri (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mollie Duggan
15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Walter Delgman

(b) Address 4616 Bulwer Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/30/41 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director [signature]

(b) Address 2117 E. Grand Blvd.

19. (a) OCT 28 1941 (Date received local registrar) (b) J F Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 27 year 1941 hour 4 minute 20P. M.

21. I hereby certify that I attended the deceased from Oct. 27, 1939, to Oct. 27, 1941 that I last saw her alive on Oct. 27, 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death apoplexia cerebralis	
Due to non Myocardial	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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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 [signature] (M. D. or other)

Address 1918 Montgomery Date signed

(Licensed Embalmer's Statement on Reverse Side)

Dr Rose
1-3

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 Frank A. Moore

Licensed Embalmer No. 3041

P. O. Address 2117 E. Grand

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

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