

DEC 23 1941 784

Registration District No. _____

Primary Registration District No. 200

Registrar's No. 2507

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Veterans' Administration Facility
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Admitted 11/19/41
(Specify whether
In this community Since 11/19/41
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County 997
(c) City or town Granite City 11
(If outside city or town limits, write "RURAL")
(d) Street No. 1940 Benton 2
(If rural, give location)
(e) Citizen of foreign country? --- (Yes or No)
If yes, name country ---

3. (a) PRINT FULL NAME VICTOR JOSEPH DELTOUR

3. (b) If veteran, name war WORLD 3. (c) Social Security No. 333-03-0876

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 14 1885
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
56 1 25 - hr. - min.

9. Birthplace Belgium 4
(City, town, or county) (State or foreign country)

10. Usual occupation Porter

11. Industry or business -

MOTHER FATHER { 12. Name August Deltour
13. Birthplace Belgium 4
(City, town, or county) (State or foreign country)
14. Maiden name Solee
15. Birthplace Belgium 4
(City, town, or county) (State or foreign country)

16. (a) Informant M. Schilling

(b) Address Clinical Clk., VAF, Jeff. Bks., '10.

17. (a) BURIAL (b) Date thereof DEC. 12-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation NATIONAL CEMETERY

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

(b) Address St. Louis, Mo.

19. (a) DEC 10 1941 (b) [Signature]
(Date received for registration) (Registrar's signature)

101 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 9th
year 1941 hour 6:45 minute - A.M.

21. I hereby certify that I attended the deceased from November 19th 1941 to December 9th 1941;
that I last saw him alive on December 9th 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Occlusion, coronary, acute, secondary to hypertension, artery. Unknown
Duration

Due to Contributory cause: Hernia, right inguinal, complete.

Due to -

Other conditions -
(Include pregnancy within 3 months of death)

Major findings: 12/5/41
Of operations See contributory cause of death.
Of autopsy None

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 [Signature] (a) Means of injury -

23. Signature L. M. SOCHRAN, M.D. (M. D. or other)
Address Chief Medical Officer Date signed 12/9/41

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

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..... *Louis C. Hoffmeister*
Licensed Embalmer No. *3871*
P. O. Address *7814 S. Russell*

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.