V. S. No. 2
DM—9-4-41
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 8 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8462

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 2173

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: St. John'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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Crawford

(c) City or town Cook Station
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 1

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NR

3. (a) PRINT FULL NAME Lewis Delcour

3. (b) If veteran, name war No.

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mary

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased March (Month) 24 (Day) 1873 (Year)

8. AGE: Years 68 Months 11 Days 14 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name James Decour
13. Birthplace Washington Co. (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Mary Marcel
15. Birthplace Washington Co. (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mary Norris
(b) Address 287 Coburg

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3-10-42 (Month) (Day) (Year)
(c) Place: burial or cremation Cook Station, Mo.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Ave.

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 8th
year 1942 hour 1 minute 30 P. M.

21. I hereby certify that I attended the deceased from Dec. 29th 1939 to March 8 1942
that I last saw him alive on March 8 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hypertensive Heart Disease	3 yrs.
Due to Arteriosclerosis with hypertension	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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature C. L. Matlock (M. D. or other) MD
Address 4030 Chouteau Ave Date signed 3/9/42

(Licensed Embalmer's Statement on Reverse Side)

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 Wilford G. Burnley

Licensed Embalmer No. 4202

P. O. Address.....

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.