

No. 2
I-5-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF PUBLIC HEALTH
FILED APR 1 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9097

State File No.

Registration District No. Primary Registration District No. Registrar's No. **2891**

1. PLACE OF DEATH:
(a) County.....
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5111A Terry 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.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County.....
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5111A Terry Ave.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Delia L. Imboden
(b) If veteran, name war No
(c) Social Security No. No

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 27th
year 1944 hour 8 minute A.M.
21. I hereby certify that I attended the deceased from June 1, 43
June 1 1943 to March 27 1944;
that I last saw her alive on March 27 1944;
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Paul G. Imboden
6. (c) Age of husband or wife if alive 40 years
7. Birth date of deceased March 20th, 1892
(Month) (Day) (Year)

Immediate cause of death.....
Coronary Thrombosis 3 weeks
Due to.....
Chronic interstitial nephritis 2 yrs
Due to.....
Other conditions.....
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
52 0 7 hr. min.

Major findings:
Of operations.....
Of autopsy.....
PHYSICIAN
Underline the cause to which death should be charged statistically.

9. Birthplace Marissa, Ill
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife

11. Industry or business.....
12. Name Henry Engelhardt
13. Birthplace Lensburg, Ill
(City, town, or county) (State or foreign country)
14. Maiden name Margaret K. Meyerott
15. Birthplace Ill.
(City, town, or county) (State or foreign country)

16. (a) Informant Paul G. Imboden
(b) Address 5111A Terry Ave.
17. (a) Burial (b) Date thereof 3/30/44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Marissa, Ill.

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?

18. (a) Signature of funeral director Kraeger-Voss-Fix
(b) Address 13402 Kingshighway
19. (a) MAR 28 1944 (b) J. F. Brueck
(Date received local registrar) (Registrar's signature)

23. Signature J. F. Brueck (M. D. or other) emp
Address 402 Hunter Bldg Date signed 3/28/44

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

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 *G. W. Wilkinson*

Licensed Embalmer No. *3575*

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.