

FILED JAN 7 1947 318  
Registration District No. \_\_\_\_\_

Primary Registration District No. 1003

Registrar's No. 11259

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. Anthony'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 \_\_\_\_\_ 000

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL") 217

(d) Street No. 306 N. Grand Blvd.  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) g  
If yes, name country \_\_\_\_\_ 9

3. (a) PRINT FULL NAME George H. Delger

3. (b) If veteran, name war Nil

3. (c) Social Security No. Unknown

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 November 6 1877  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 26  
year 1946 hour 11:11 minute \_\_\_\_\_ P. \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Dec 2, 1946, to Dec 26, 1946  
that I last saw him alive on Dec 26, 1946  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

69	1	20	hr. _____ min.
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9. Birthplace St. Charles County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Clerk

Immediate cause of death Coronary Thrombosis  
Arterio-Sclerotic

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

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

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

Major findings: Heart Hernia

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

MOTHER FATHER

11. Industry or business \_\_\_\_\_

12. Name Charles Delger

13. Birthplace St. Charles Co. Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Phillips

15. Birthplace St. Charles Co. Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Charles W. Delger

(b) Address 206 N. Grand Blvd.

17. (a) Burial (b) Date thereof 12-29-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cottleville, Missouri

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) DEC 30 1946 J. F. Bredeck  
(Date received local registrar) (Registrar's signature)

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 [Signature] (M. D. or other) \_\_\_\_\_  
Address [Signature] Date signed Dec 27  
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**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 *Elmo R. Padwell*

Licensed Embalmer No. *4077*

P. O. Address.....

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

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