

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 21

Registration District No. 310 Primary Registration District No. 3058

1. PLACE OF DEATH:

(a) County St. Charles

(b) City or town St. Charles
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Joseph Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 2 hrs 50 Min
(Specify whether years, months or days)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles

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

(d) Street No. 901 South Fourth
(If rural, give location)

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

3. (a) PRINT FULL NAME Raymond A. DeLeal

3. (b) If veteran, name war NIL

3. (c) Social Security No. 490-03-2621

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 7
year 1947 hour 6:50 minute _____ P. M.

21. I hereby certify that I attended the deceased from 10-22-46
to 2-7-47, 19____, to _____, 19____;
that I last saw him alive on 2-7-47, 19____;
and that death occurred on the date and hour stated above.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Alma M. (Murphy) DeLeal

6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased November 26 1903
(Month) (Day) (Year)

Immediate cause of death	Duration
<u>Cerebral Hemorrhage</u>	<u>1 day</u>
Due to <u>Essential Hypertension</u>	<u>2 yrs.</u>
Due to _____	_____
Other conditions _____ <small>(Include pregnancy within 3 months of death)</small>	_____

8. AGE:	Years	Months	Days	If less than one day
	<u>43</u>	<u>2</u>	<u>11</u>	_____ hr. _____ min.

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

10. Usual occupation Foreman

11. Industry or business Curtiss Mfg. Co

MOTHER FATHER

12. Name Joseph A. DeLeal

13. Birthplace unknown

14. Maiden name Nellie Pierce

15. Birthplace unknown

16. (a) Informant Mrs. Alma DeLeal

(b) Address 901 S. 4th St. Charles, Mo.

17. (a) burial (b) Date thereof Feb 10-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cem. St. Charles, Mo.

18. (a) Signature of funeral director H. C. Dallmeyer + Son Co

(b) Address 800 N. 2nd St. Charles, Mo.

19. (a) 2/12/47 (b) Francis Hammett
(Date received local registrar) (Registrar's signature)

PHYSICIAN

Major findings:
Of operations _____

Of autopsy _____

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?
While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature R. J. Purdie (M. D. another)
Address 146 S. Main St. Date signed 2-10-47

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

72
9
3

MAR 20 1947

Date Filed 2-18-47

District File Number

District Health Officer No. 9,

RECEIVED

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.....

Herbert C. Dallmeyer

Registered Apprentice No. 429

working under my personal supervision.

Signed Joseph F. Landolt

Licensed Embalmer No. 4189

P. O. Address St. Louis

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.