S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

39576

State File No.

FILED DEC 6 1947 318

Registration District No.

Primary Registration District No. 1003

Registrar's No. 10748

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 4038 Botanical Avenue
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 1
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 4038 Botanical Avenue
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Adrienne Delbridge

3. (b) If veteran, name war ----

3. (c) Social Security No.

4. Sex Female

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 June 11th, 1903
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
44	5	11	hr. min.

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

10. Usual occupation

11. Industry or business Civil Service

FATHER
12. Name Frederick H. Delbridge
13. Birthplace Illinois (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Hattie Breiding
15. Birthplace Lebanan (City, town, or county) Illinois (State or foreign country)

16. (a) Informant Hattie Delbridge
(b) Address 4038 Botanical, St. Louis, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/26/47 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Wacker Helderle U. & L. Co.
(b) Address 3634 Gravois, St. Louis, Mo.

19. (a) NOV 24 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 22nd year 1947 hour 9 minute 18 P M.

21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Carbon Monoxide Poisoning When she was found sitting behind the Steering Wheel of her Auto motile on November 22, 1947 about 8:30 PM in garage in rear of her home

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence Nov. 22, 1947

(c) Where did injury occur? St. Louis (City or town) (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Rear of Home (Specify type of place)

While at work? (e) Means of injury As Above

23. Signature Alfred Perry (M. D. or other)

Address Cyprus Abram Date signed 11/24/47

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

Jefferson City Printing Co.

(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 Frank J. Hyland.

Licensed Embalmer No. 2645

P. O. Address St Ferdinand

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.