

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25459

FILED AUG 5 1950

State File No. 1712

REG. DIST. NO. 317

PRIMARY REG. DIST. NO. 3063

Registrar's No. 1712

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clayton		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis County Hospital		d. STREET ADDRESS (If rural, give location) 3328 Lawn Ave.	
3. NAME OF DECEASED (Type or Print) a. (First) IDA b. (Middle) CLARA c. (Last) DELWORTH			4. DATE OF DEATH (Month) (Day) (Year) July 13, 1950
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 12-1-1892
9. AGE (In years last birthday) 57		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	11. BIRTHPLACE (State or foreign country) St. Louis, Mo.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Unknown Cordes		13b. MOTHER'S MAIDEN NAME Ann Marie Unknown	14. NAME OF HUSBAND OR WIFE Jeremiah Walter Delworth
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Edward Delworth, 5203 Washington Blvd, St. Louis, Mo.
18. CAUSE OF DEATH Enter only one cause for line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute dilatation of heart ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Shock DUE TO (c) Intermittent medication II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Lungs	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR 4343D	
22. I hereby certify that I attended the deceased from 2-10, 1944 to 7-13, 1950, that I last saw the deceased alive on 7-13, 1950, and that death occurred at 4 PM, from the causes and on the date stated above.			
23a. SIGNATURE H. S. Mackey, M.D.		23b. ADDRESS 2816 Sutter	
23c. DATE SIGNED 7-14-50		24. LOCATION (City, town, or county) (State) St. Louis Co., Mo.	
24a. BURIAL, CREMATION REMOVAL (Specify) Burial		24b. DATE 7-17-1950	
24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.	
DATE REC'D BY LOCAL REG. 7-14-50		REGISTRAR'S SIGNATURE Herbert R. Wombe	
25. FUNERAL DIRECTOR'S SIGNATURE JAY B. SMITH		ADDRESS 7456 Manchester Ave. Maplewood 17, Mo.	

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

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*Van M. Sizemore*

Signed.....

Student Embalmer

Licensed Embalmer No. 4343

P. O. Address St. Louis, Mo

**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.