

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **44049**

FILED JAN 9 1953

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **547** Registrar's No. **3333**

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

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Richmond Heights		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
c. LENGTH OF STAY (in this place) 3 dys.		d. STREET ADDRESS (If rural, give location) 14 4982a Mardel Ave.	
3. NAME OF DECEASED (Type or Print) a. (First) Fred b. (Middle) C. c. (Last) Delporte			4. DATE OF DEATH (Month) (Day) (Year) Dec. 29 1952
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 30, 1884
9. AGE (In years last birthday) 68		10. MARRIED UNDER 1 YEAR Months _____ Days _____	11. MARRIED UNDER 2 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) City Photographer		10b. KIND OF BUSINESS OR INDUSTRY St. Louis	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME Noel F. Delporte	
13b. MOTHER'S MAIDEN NAME Louise Daumes		14. NAME OF HUSBAND OR WIFE Eleanor J. Delporte	
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. None	
17. INFORMANT'S SIGNATURE OR NAME Noel F. Delporte, 586 Stratford, U. C. Mo.		ADDRESS _____	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Infarction ANTECEDENT CAUSES DUE TO (b) Arteriosclerosis, gen. DUE TO (c) Diabetes Mellitus II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 260X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 1947 to 12-28 , 19 52 , that I last saw the deceased alive on 12-28 , 19 52 , and that death occurred at 1:15A m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) W.H. Oruster M.D.		23b. ADDRESS 3720 Washington	
23c. DATE SIGNED 12-29-52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Dec. 31, 1952	
24c. NAME OF CEMETERY OR CREMATORY Park Lawn Cemetery		24d. LOCATION (City, town, or county) (State) Lemay, Mo.	
DATE REC'D BY LOCAL REG. 12-29-52		REGISTRAR'S SIGNATURE Herbert R. Danks - M.D.	
25. FUNERAL DIRECTOR'S SIGNATURE C. Hoffmeister		ADDRESS 6464 Chippewa St., St. Louis, Mo.	

Dr. William Olmstead
3720 Washington Ave.,
JE 4511

8:30 to 1:00

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Levin C. Jefferson*
Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadway

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.