

FILED SEP 29 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30742

State File No.

318

REG. DIST. NO. PRIMARY REG. DIST. NO. 1003 Registrar's No. 72720

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

1. PLACE OF DEATH a. COUNTY		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) St. Louis, Mo.		c. CITY OR TOWN St. Louis, d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (In this place)		e. STREET ADDRESS (If rural, give location) 4009 Delor St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Alexian Bros. Hospital			
3. NAME OF DECEASED (Type or Print) Harry		4. DATE OF DEATH (Month) (Day) (Year) Sept. 2, 1955	
a. (First)		b. (Middle) C.	
c. (Last) Delkeskamp			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 13, 1902
9. AGE (In years last birthday) 53		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Auto Mechanic	
11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10b. KIND OF BUSINESS OR INDUSTRY Auto Repairs			
13a. FATHER'S NAME Henry Delkeskamp		13b. MOTHER'S MAIDEN NAME Anna Trauchter	
14. NAME OF HUSBAND/OR WIFE Vera Delkeskamp			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No. Nil.		16. SOCIAL SECURITY NO. 494-38-8393	
17. INFORMANT'S SIGNATURE OR NAME Robert L. Delkeskamp		ADDRESS #47 Sherwood Dr. Overland, Mo.	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) MYOCARDIAL INFARCTION & CONGESTIVE FAILURE INTERVAL BETWEEN ONSET AND DEATH 3 mos.	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. DUODENAL ULCER			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 420.1	
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) (Min.)		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 6/17, 1955, to 9/2, 1955, that I last saw the deceased alive on Sept 2, 1955, and that death occurred at 10:30P m., from the causes and on the date stated above.			
23a. SIGNATURE Charles Stahl		23b. ADDRESS 7430 VIRGINIA Ave.	
23c. DATE SIGNED Sept 3, 1955			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-6-55	
24c. NAME OF CEMETERY OR CREMATORY Sunset		24d. LOCATION (City, town, or county) (State) St Louis County Mo	
25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe		ADDRESS 4700 Washington.	
DATE REC'D BY LOCAL REG. SEP 6 1955		REGISTRAR'S SIGNATURE J. Earl Smith, M.D. M.E.B. (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 Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *John J. Haines*.....
Licensed Embalmer No. *41*.....
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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.