Health, Welfare Building Jefferson City, Missouri

FILED APR 9 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 58-011532

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3378

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY 219
b. CITY OR TOWN ST. LOUIS (If outside corporate limits, give TOWNSHIP only) Inside Limits Yes ☐ No ☐	c. CITY OR TOWN St. Louis Inside Limits Yes ☐ No ☑
c. FULL NAME OF HOSPITAL OR INSTITUTION PARK LANE HOSP. (If NOT in hospital, give location) Length of stay in Ib 3 days	d. STREET ADDRESS 3721 Westminister (If outside, give location) Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First	Middle	Last	4. DATE OF DEATH Month Day Year
GLADYS	PAULINE	DELPH	3-21-58

5. SEX	6. COLOR OR RACE	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
female	white		1-4-1924	34		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country)	12. CITIZEN OF WHAT COUNTRY?
waitress	Restaurant	Gideon, Mo.	USA

13a. FATHER'S NAME	13b. MOTHER'S MAIDEN NAME	14. NAME OF HUSBAND OR WIFE
Mack Little	Pearl Sullivan	Joseph Delph

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Address
no	unknown	Jos. Delph, 3721 Westminister

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Acute Myocarditis — INTERVAL BETWEEN ONSET AND DEATH 36 hours

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Followed Laparotomy

DUE TO (c) 431X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES ☑ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) /

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 3-10-58, to 3-21-58 and last saw her/him alive on 3-21-58

Death occurred at 12:20 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Clyde E. Lane M.D. (Degree or title) 22b. ADDRESS 706 Walton 22c. DATE SIGNED 3-21-58

23a. BURIAL, CREMATION, REMOVAL (Specify) removal 23b. DATE 3-21-58 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State) Gideon, Mo.

24. FUNERAL DIRECTOR ADDRESS Russell, Gideon, Mo. 25. DATE RECD. BY LOCAL REG. MAR 24 '58 26. REGISTRAR'S SIGNATURE J. Earl Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be accepted. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Queried-No letter diagnosis, operating, lived hospital days. Interna Form.

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 Homer H. Fritz

Licensed Embalmer No. 3882

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.