

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

1. PLACE OF DEATH

County St. Louis
Township Central
City Clayton Mo. (No. St. Louis Co Hosp.)

Registration District No. 790
Primary Registration District No. 60332

File No. 26353
Registered No. 219
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Millie Delmain St. _____ Ward _____
(Usual place of abode) Alton Mo.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-5-1914

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. min.
20 5 0

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 2100
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

13. NAME Oscar Delmain

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

15. MAIDEN NAME Jennie Whitworth

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT Oscar Delmain (ADDRESS) Alton Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Alton Cem. DATE 7-8 19 _____

19. UNDERTAKER Louis N. Kopp (ADDRESS) Highwood

20. FILED 7-6 1934 Robert J. Ambrose Registrar

V MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-5, 1934

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 6:27 p.m.

The principal cause of death and related causes of importance were as follows:

Multiple lacerations and abrasions about face, body and extremities. Inflammatory pleural adhesions, upper lobe about rt. apex, congestion of both bases of lungs, cerebral congestion, severe contusion over the l. inferior portion of liver. Date of onset _____

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? autopsy. Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, at home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____ (Signed) Luke B. Finors

(Address) 3218 Jennings, R. 1,

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

AUG 17 1934

Alton, Mo. Co. 20 Co.

Secondary; Traumatic contusion
of entire both lower lobes of lungs,
complicated bilateral pneumonia.

Auto collision, 6/30/34, Near Eureka,
was taken to St. Louis County hospital,
where he died, 7/5/34 6:07 PM