

APR 9 1935

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

Do not use this space.

7593  
2070

## 1. PLACE OF DEATH

County *St. Louis*Registration District No. **791**

Township

Primary Registration District No. **1003**City *St. Louis*(No. *En Route City Hospital*)

File No.

Registered No. *#1*

St. Ward

## 2. FULL NAME

(a) Residence, No. *356 Garden Dr.*

(Usual place of abode)

*Margaret R. Delphery*St. *W.R.* Ward*Bussell Point 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

*Female*

4. COLOR OR RACE

*white*

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

*married*

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

*William Delphery*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

*Nov. 14 1896*

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

*28**28**3**14*

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

*housewife*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

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)

*St. Louis Mo.*

MOTHER FATHER

13. NAME

*Joseph Fitch*

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

*Germany*

15. MAIDEN NAME

*Unknown*

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

*Germany*

17. INFORMANT (ADDRESS)

*William Delphery  
356 Garden Dr.*

18. BURIAL, CREMATION, OR REMOVAL

PLACE *Calvary Cem*DATE *3-4-35*

19. UNDERTAKER (ADDRESS)

*Witts Bro. & Co.  
2929 S. Jefferson*20. FILED *MAR -2-1935*Registrar. *J.P. Bredeck*

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Feb. 28, 1935*

22. I HEREBY CERTIFY, That I attended deceased from

, 19, to , 19.

I last saw him alive on , 19. Death is said

to have occurred on the date stated above, at *12:45* p.m.

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

Date of onset

*Fracture of Skull, laceration of Brain, received when struck by auto in St. Louis County, Mo.*

Other contributory causes of importance:

*Deceased was a pedestrian*

Name of operation

Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? *Accident* Date of injury *2/28, 1935*Where did injury occur? *St. Louis, Mo.*

(Specify city or town, county, and State)

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

*Public Place*Manner of injury *struck by auto*Nature of injury *Fracture of skull*

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

If so, specify

(Signed) *Frank P. Farlow*(Address) *Branch*

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.

