

REC'D MAR 14 1938

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

4693
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1003**
(c) City **St. Louis** (d) Street No. **City Hospital No. 1** St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Bertha Delf **410**
2617 a South 18th St. **23**
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX **female** 4. COLOR OR RACE **white** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (circle the word) **Married**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **2/4/38** 19

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

22. I HEREBY CERTIFY, That I attended deceased from **12/27/37** 19, to **2/4/38** 19.

I last saw **her** alive on **2/4/38** 19. Death is said to have occurred on the date stated above, at **10.50 a** m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **May 12, 1882**

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
55 **8** **22**

Date of onset

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

Carcinoma of Cervix
48

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Missouri**

Other contributory causes of importance:

FATHER 13. NAME **Florenz**
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Missouri**

Name of operation Date of **25.**
What test confirmed diagnosis? Was there an autopsy?

MOTHER 15. MAIDEN NAME **Catherine**
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Missouri**

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT (ADDRESS) **Hosp. Info M. Kent**

Manner of injury
Nature of injury

18. BURIAL, CREMATION, OR REMOVAL PLACE **Antonia Mo** DATE **2-6** 19**38**

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

19. FUNERAL DIRECTOR (ADDRESS) **Fred Heilig**
Brunswick, Mo.

If so, specify **Chas. J. Jamington**, M. D.
(Signed)

20. FILE **FEB 5 1938** **J. T. Medsker** Registrar

(Address) **City Hospital No. 1**

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, Howard Rowland

Licensed Embalmer No. 3114

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

John Ketter

L. E.

No. 3880

or by

Registered Apprentice No.

working under my personal supervision.

Signed

Howard Rowland

Licensed Embalmer No. 3114

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.)