

REC'D MAY 10 1938

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

13356

Do not use this space.

1. PLACE OF DEATH

(a) County.....
 (b) Township.....
 (c) City St. Louis..... (d) Street No. Lutheran Hospital 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.

Registration District No. 1003

Primary Registration District No.

Registered No. 39602. PRINT FULL NAME Christine Dellert 463

(a) Residence, No. 1004 a Bates St. St. 1
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Charles Dellert</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 23rd 1887</u>		
7. AGE YEARS <u>50</u>	MONTHS <u>7</u>	DAYS <u>4</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.		
9. Industry or business in which work was done, as saw mill, bank, etc. <u>At home</u>		
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) <u>St. Louis Missouri</u>		
13. NAME <u>Ernst Zaun</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
15. MAIDEN NAME <u>Elizabeth Haller</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
17. INFORMANT <u>Charles Dellert</u> (ADDRESS) <u>1004a Bates St.,</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Matthews Cem</u> DATE <u>4/28/38</u>		
19. FUNERAL DIRECTOR <u>J. L. Ziegenhein & Sons</u> (ADDRESS) <u>7027 Gravois Ave.</u>		
20. FILED <u>APR 28 1938</u> <u>J. F. Bredeck</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 26 1938

22. I HEREBY CERTIFY, That I attended deceased from April 22 1938, to April 26 1938
 I last saw her alive on April 26 1938. Death is said to have occurred on the date stated above, at 3:10 P. m.
 The principal cause of death and related causes of importance were as follows:
myocarditis, Chronic
93C
 Date of onset ?

Other contributory causes of importance:
Peri-nephritic abscess, Weeks
Right cause unknown

Name of operation Exploration of abscess of Apr. 20-28
 What test confirmed diagnosis? Pathology Was there an autopsy? no
laboratory

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.

Manner of injury.....
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify.....
 (Signed) Heinrich Huttner M. D.
 (Address) 952 S. Side Nat. Bank Bldg

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____
hereby certify that the body recorded on the reverse side of this certificate was embalmed by: myself
_____ L. E. _____
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Clarence P. Kidwell
Licensed Embalmer No. 3877

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.)