

No. 2
4-13-40
-17-39
I X23158

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

12060

APR 9 1941

State File No. _____

Registration District No. 784

Primary Registration District No. 111

Registrar's No. 677

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1226 Sunset
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none
(Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Richmond Heights
(If outside city or town limits, write "RURAL")

(d) Street No. 1226 Sunset
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Martha Marie Delling

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex F 5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Max Delling

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased June 25, 1870
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

70 9 1 hr. min.

9. Birthplace Germany
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Reinhard Hoessler

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Anna Auguste Uhleman

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Max Delling

(b) Address 1226 Sunset

17. (a) Burial (b) Date thereof 3-29-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Pauls Churchyard

18. (a) Signature of funeral director Jay B. Smith

(b) Address 7456 Manchester

19. (a) MAR 28 1941 (b) J. A. Meyer
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 26
year 1941 hour 4 minute 15 P. M.

21. I hereby certify that I attended the deceased from March 4, 1938, 1941, to March 26, 1941; that I last saw her alive on March 26, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Due to _____

Due to _____

Other conditions Chronic osteoarthritis
(Include pregnancy within 3 months of death)

Major findings:
Of operations 93d

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work _____ (Specify type of place)

23. Signature Dr. L. O. Forcher M. D. or other _____
Address 3904 S. Grand Date signed 3/28/41

Duration 6 yrs

5 yrs

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

AUG 1 4 1941

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.....

....., Registered Apprentice No.....

..... working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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 this body is not embalmed, fact should be so stated above.