

FILED DEC 29 1943

Registration District No.

Primary Registration District No.

1003

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: BARNES HOSPITAL  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 6 days  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois  
(c) City or town Bonne Terre  
(If outside city or town limits, write "RURAL")  
(d) Street No. 119 S. Spruce  
(If rural, give location) NR  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

White, Delia

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female / race White

5. Color or White  
6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Robert White

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

7. Birth date of deceased October 30 1871  
(Month) (Day) (Year)

8. AGE: Years 72 Months 1 Days 12  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Washington County, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Acan Teabeau

13. Birthplace Washington County, Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant Earl White

(b) Address Bonne Terre, Missouri

17. (a) Burial (b) Date thereof 12-17-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bonne Terre, Mo.

18. (a) Signature of funeral director Albert H. Hoppe, Inc.

(b) Address 4700 Washington Blvd.

19. (a) DEC 14 1943 (b) J. A. Bredich  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 13  
year 1943 hour 6 minute 25 P. M.

21. I hereby certify that I attended the deceased from Dec 7 1943, to Dec 13 1943,  
that I last saw her alive on Dec 13 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic Ht. disease Duration 10 yrs

Due to Generalized Arteriosclerosis

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Cataract extraction - Soule

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)  
(e) Means of injury \_\_\_\_\_

23. Signature F. R. Bradley (M. D. or other)

Address BARNES HOSPITAL Date signed 12-17-43

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

MOTHER FATHER

APR 10 1944

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**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.....

.....  
working under my personal supervision.

Registered Apprentice No.....

Signed *John Gironoski*  
.....  
Licensed Embalmer No. *3318*  
.....

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.**