

S. No. 2
4-5-42
5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5034

State File No.

FILED MAR 13 1944

Registrar's No.

2162

Registration District No. 318

Primary Registration District No. 1003

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:
4207 Red Bud Ave. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED: 000

Missouri

(a) State Missouri (b) County 17

(c) City or town St. Louis 9 10
(If outside city or town limits, write "RURAL")

(d) Street No. 4207 Red Bud Ave.
(If rural, give location)

(e) Citizen of foreign country? yes (Yes or No)
If yes, name country. 0

3. (a) PRINT FULL NAME Emma Dolgman

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 3,
year 1944 hour 2 minute 45 A.M.

21. I hereby certify that I attended the deceased from Feb. 27-44
19 to Mar. 3, 1944
and that death occurred on the date and hour stated above. Mar. 2, 1944

4. Sex Female 5/ Color or race White

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

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive 23 1864 years (Day) (Year)

7. Birth date of deceased March 23 1864 (Month) (Day) (Year)

Immediate cause of death: Carcinoma of stomach

Duration: 1 1/2 days

Due to _____

Due to _____

Other conditions: (Include pregnancy within 3 months of death)

Major findings: None

Of operations: _____

Of autopsy: _____

8. AGE: Years 79 Months 11 Days 10 If less than one day hr. min.

9. Birthplace St. Louis, Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business _____

12. Name Justis Delgman

13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name Caroline Deese
? Germany 4
(City, town, or county) (State or foreign country)

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. C. Hoener

(b) Address 4207 Red Bud Ave.

17. (a) Burial (b) Date thereof March 4, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director General Funeral Home Inc.

(b) Address 2233 University St.

19. (a) MAR 4 1944 J. F. Bredek (Date received local Registrar) (Registrar's signature)

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, industrial place, in public place?
(Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature R. J. Bigler 0 (M. D. or other)
Address 415 1/2 Hubbard St. W. Date signed 3/5-44

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

Dr. R. I. Rigler
4158 N. Newstead Ave.
Co. 1111

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 Edward J. Bookhorn

Licensed Embalmer No. 2502

P. O. Address Playton 710

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.