DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 2 1944

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 12705

Registrar's No. 3772

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

1. PLACE OF DEATH:

(a) County

(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 0
(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

(a) State Missouri (b) County 17

(c) City or town St. Louis 9 14
(If outside city or town limits, write "RURAL")

(d) Street No. 6329 Hancock
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME NORMA JOYCE DELLINGER

3. (b) If veteran, name war ----- 3. (c) Social Security No. -----

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Single 0

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

7. Birth date of deceased 7 (Month) 21 (Day) 1944 (Year)

8. AGE: Years 2 Months 9 Days 11 If less than one day hr. min.

9. Birthplace Chicago (City, town, or county) Ill. (State or foreign country) 1

10. Usual occupation Nil

11. Industry or business

FATHER
12. Name Luther Dellinger
13. Birthplace (City, town, or county) Missouri (State or foreign country) 0

MOTHER
14. Maiden name Norma A Isensee
15. Birthplace (City, town, or county) Missouri (State or foreign country) 0

16. (a) Informant Luther Dellinger
(b) Address 6329 "A" Hancock

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-24-1944 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director C. Hoffmeister Colonial Mortuary
(b) Address 6464 Chippewa, St. Louis, Mo.

19. (a) APR 24 1944 (Date received local registrar) (b) J. F. Bridick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 22
year 1944 hour 4 minute 54 A.M.

21. I hereby certify that I attended the deceased from April 21, 1944, to April 22, 1944; that I last saw her alive on April 22, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Respiratory failure	
Due to Confluent bronchopneumonia	2 days
Due to measles 35	4 days
Other conditions Cervical adenitis (Include pregnancy within 3 months of death)	3 days

Major findings:
Of operations
Of autopsy Confluent bronchopneumonia

PHYSICIAN
Underline the cause to which death should be charged statistically.

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature F R Bradley (M. D. ~~or other~~)
Address BARNES HOSPITAL Date signed 4/22/44

(Licensed Embalmer's Statement on Reverse Side)

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

Louis C. Hoffmeister, Registered Apprentice No.

working under my personal supervision.

Signed Louis C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broa

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

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